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Risk Factors for Domestic Homicide: Immigrant & Canadian-born Populations

Sakthi Kalaichandran
The University of Western Ontario

Supervisor
Jaffe, Peter G.
The University of Western Ontario

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Abstract

Domestic violence is a critical human rights issue that can escalate to cases of domestic homicide. Globally, approximately 30% of women in relationships have reported experiencing violence at the hands of an intimate partner. In Canada this pattern is echoed, as over 25% of police-reported violence offences were from victims of domestic abuse. Recent research has revealed that immigrant and refugee victims experience unique risk factors that may render them more vulnerable to this form of violence. Yet, despite this burgeoning research area, and Canada's diverse population of approximately 6 million immigrants, there is a dearth of research pertaining to domestic violence risk factors facing immigrant victims in a Canadian context. Indeed, the shifting sociodemographic profile of Canada's population calls for culturally-informed risk assessment, risk management & safety planning tools to protect as many people as possible from domestic violence and homicide. Therefore, this study investigated factors that pertain to a victim's vulnerability to violence across immigrant and Canadian-born populations. Although several factors, such as actual or pending separation, were shared across both demographics, other factors, such as social isolation, featured more prominently in cases of immigrant domestic homicide victims. By identifying these shared and unique characteristics, front line workers and policy makers will be informed of important trends that can influence the creation of research-based and culturally-informed risk assessment, risk management, and safety planning strategies.

Keywords: domestic violence, intimate partner violence, domestic homicide, immigrant, cross-cultural psychology, culturally-informed, victim vulnerability, intimate partner homicide, Domestic Violence Death Review Committee, intimate partner femicide, refugee

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"When she looked at herself in her wedding photographs, Ammu felt the woman that looked back at her was someone else. A foolish jeweled bride. Her silk sunset-colored sari shot with gold. Rings on every finger. White dots of sandalwood paste over her arched eye-brows. Looking at herself like this, Ammu's soft mouth would twist into a small, bitter smile at the memory - not of the wedding itself so much as the fact that she had permitted herself to be so painstakingly decorated before being led to the gallows.
It seemed so absurd. So futile.
Like polishing firewood."
— *Arundhati Roy*

Love and marriage: two interlinking concepts that transcend cultural, ethnic, and national lines. Committing to one person for better or for worse, until death parts the betrothed, is often a cause for celebration. Yet, what happens if 'for worse' involves neither sickness nor poor economic circumstances? What if 'for worse' encompasses physical, emotional and psychological abuse, and the slow, painful dissolution of a once hopeful romantic partnership? For thousands of couples worldwide, this devastating scenario is not a hypothetical; globally, approximately 30% of women in relationships have reported experiencing violence at the hands of an intimate partner (World Health Organization, 2016). Furthermore, more than a third of female homicides worldwide are perpetrated by an intimate partner, and domestic homicide frequently represents the culmination of a long history of domestic abuse (Stockl & Devries, 2013). In Canada, over 25% of all police-reported violent offences that occurred in 2013 were from victims of domestic violence, a staggering statistic, especially given that a history of domestic violence is a key risk factor for domestic homicide (Beaupré, 2015; Stockl & Devries, 2013). The overwhelming majority of these victims are women (Statistics Canada, 2011); however, research also indicates that factors like employment and migration stressors may compound the risk of violence towards immigrant and refugee women in domestic partnerships (Pan, Daley, Rivera, Williams, Lingle, & Reznik, 2006).

Although Canada's diverse population includes more than 6 million immigrants, there is currently a dearth of research about the risk factors facing immigrant women in Canada in cases of domestic violence and homicide. Furthermore, due to the extensive use of self-report measures in the existing literature, information generated from past studies is often subjective (Sorenson, 2006). Thus, despite domestic violence and homicide in immigrant populations being an important issue, more research utilizing innovative research tools is needed to investigate the intersection between domestic abuse and the Canadian immigrant context. To address these gaps, the current study makes use of quantitative data to examine the profiles of Canadian-born victims and immigrant victims of domestic homicide. Through an examination of past domestic homicides, by identifying any gaps in communication between systems and recognizing notable risk factors, it is hoped that future incidents of violence will be prevented.

Before delving into the current study and the nexus of immigration and domestic violence, a thorough examination of the key concepts involved in domestic violence and domestic homicide is warranted to gain an understanding of the current research landscape on this public health and human rights issue.

Introduction

Domestic Violence: A Precursor for Domestic Homicide

Domestic Violence. Domestic violence, also referred to as intimate partner violence by the World Health Organization (WHO), is defined as abuse committed by a current or former dating partner, common-law partner, or spouse. The violence itself can include physical, sexual, and emotional (psychological) abuse, and also encompasses neglect and financial abuse (WHO, 2014). Acts of physical violence can include kicking, slapping, beating, and hitting, whereas sexual violence includes forced sexual intercourse and other forms of sexual coercion (WHO,

2012). Emotional (psychological abuse) includes constant humiliation, threats of harm, intimidation, and threats to take away children (WHO, 2012). Intimate partner violence occurs among all religious, cultural, and socioeconomic groups, and the overwhelming global burden of such violence is borne by women (WHO, 2012).

Domestic Homicide. A key adverse health outcome of intimate partner violence is intimate partner homicide (WHO, 2013). Domestic homicide involves the death of an individual and/or the individual's children by a current or former intimate partner (WHO, 2013). Across all countries with available data since 1982, the median prevalence of intimate partner homicide is approximately 13% with as many as 38% of all murdered women (as compared to 6% of murdered men), being killed by an intimate partner (WHO, 2013). Domestic violence can result in a homicide in rare situations, and in the presence of certain risk factors (Campbell et al., 2003). Indeed, research has shown that between 65% to 80% of victims of intimate partner femicide were previously abused by the partners who killed them (Campbell, 2004; Pataki, 2004; Sharps, Koziol-McLain, Campbell, McFarlane, Sachs, & Xu, 2001). With this direct relationship between violence and homicide, preventing incidents of domestic violence encompasses the goal of reducing incidents of domestic homicide.

Due to the prevalence of domestic homicide, a movement was created with the aim to prevent and reduce its occurrence. Over the past twenty years, a key aspect of this movement involved research initiatives that aim to identify and understand risk factors for domestic violence and domestic homicide (Porter & Gavin, 2010; Dawson, Bunge, & Balde, 2009). From research conducted in the early 1980s, Jacqueline Campbell was a pioneer in investigating the factors that contributed to the murder of women. Through her work, it was revealed that women were most likely to be killed by a husband, boyfriend or ex-partner, and the most frequent

underlying dynamic of domestic homicide included prior violence against the woman by the man that killed her (Campbell, 2012; Campbell, 1986). As the domestic violence and domestic homicide literature expanded, research-based domestic violence risk assessment tools were developed to provide practitioners with information about the risk of homicide or the risk or re-assault faced by victims of domestic violence (Messing, Campbell & Snyder, 2017).

One of the most distinguished risk assessment tools in the field of domestic violence and domestic homicide is the Danger Assessment (DA) (Campbell et al., 2003). The DA is the sole domestic violence risk assessment tool that asks questions only of the survivor of domestic violence. It was originally a 15-item (now 20-item) risk assessment tool that was developed to predict lethality, and functions as a collaborative effort between a survivor of violence and a practitioner with the goal of promoting safety behaviors (Campbell et al., 2003; Messing & Thaller, 2015). With the DA, a victim of domestic violence responds to a series of questions that pertain to risk factors associated with domestic homicide. The DA is scored by counting the "yes" responses, with a higher score indicating the presence of more homicide risk factors in the relationship (Campbell, 2004). The findings from domestic violence research contributed to the development of risk assessment tools, such as the DA, and ultimately has informed interventions for the prevention of deaths. A major vehicle for prevention efforts includes the establishment of domestic violence death reviews.

Domestic Violence Death Reviews. In recognition of the role of domestic violence as a precursor of homicide, domestic violence death review teams, also referred to as family violence fatality review teams, were established beginning in the early 1990s to inform domestic violence prevention-focused interventions (Bugeja, Dawson, McIntyre, & Walsh, 2015; Dawson, 2017). These teams often consist of experts from multi-disciplinary fields in the healthcare, legal, and

social service sectors, and these experts review deaths that occur in the context of domestic violence (Dawson, 2017). Domestic violence death reviews examine systemic and individual factors that occur within the context of a domestic homicide by retrospectively analyzing individual case files (Bugeja et al., 2015). Although these teams may differ on their structure of governance, inclusion criteria and review measures, they share the goals of reducing lethal and nonlethal forms of domestic violence while strengthening the domestic violence service system. These goals are achieved by review teams compiling descriptive and demographic information on individual regional domestic homicide case files to pinpoint societal and individual risk factors, possible points of intervention, system contacts, opportunities for policy reform, and gaps in service delivery (Bugeja et al., 2015). Through such analyses, death review teams are able to assess problems in coordination of services, education, and training that may be important to prevent domestic homicides (Dawson, 2017). Such issues may involve identifying risk factors to help predict potential lethality (e.g., a history of domestic violence in a relationship), improve upon existing risk assessments, and reduce missed opportunities for intervention and prevention (Dawson, 2017).

According to international literature on these death review teams, it appears that this interdisciplinary and prevention-focused model has been endorsed (Onwuachi-Saunders, Forjuoh, West, & Brooks, 1999). It is difficult to identify the effectiveness of such review teams, as it is challenging to identify a causal relationship between the existence of review teams, recommendations generated from such teams, and the incidence of deaths. However, it is crucial to note that such teams are only one component of a larger set of reforms that may be necessary to contribute to any reduction in deaths and, as such, isolating their independent contribution is difficult (Bugeja et al., 2015). Despite this complexity, stating such an aim remains important

and demonstrates that domestic/family violence is now recognized as (1) unacceptable by the community and society, (2) requiring a response from the criminal justice and civil administration system, and (3) preventable. This cultural shift has taken generations to achieve and it may be the case that the contribution of death reviews will also take more time to be realized. Until such time, the goal of strengthening the domestic/family violence service system can be a focus of research to examine the development, uptake, and success of recommendations made by these committees over a period of time (Bugeja et al., 2015).

Across the United States, Australia, New Zealand, the United Kingdom and Canada the death review teams have been established to address regional incidents of domestic homicide (Dawson, 2017). In Canada, there have been close to 1000 domestic homicides over the past ten years (Statistics Canada, 2015). As such, death review committees across the country have been established to examine these tragic events, including committees in Alberta, British Columbia, Saskatchewan, Manitoba, New Brunswick, and Ontario (Dawson, 2017).

Ontario Domestic Violence Death Review Committee. In Ontario, there has been an average of 28 cases of domestic homicide per year, from 2002-2014, with these numbers appearing to be declining since 2011 (Domestic Violence Death Review Committee, 2015). Since its establishment in 2003, the Ontario Domestic Violence Death Review Committee (DVDRC) has reviewed 267 cases involving 376 deaths. Seventy-four percent of all cases reviewed involved couples where there was a history of domestic violence. Over the ten years of the committee's investigations, the top risk factors for domestic homicide have been identified: 1) an actual or pending separation, 2) perpetrator depression, 3) a perpetrator's obsessive behaviour and 4) the victim's intuitive sense of fear. Furthermore, over eighty percent of domestic homicide victims were adult females (DVDRC, 2015).

The work conducted by the DVDRC is a key component of the current study's methodology. Through its investigations, the DVDRC and the Chief Coroner are able to make numerous recommendations to provincial agencies such as the Ontario Association of Children's Aid Societies, the Ministry of Health and Long-Term Care, and the Ministry of the Attorney General to help prevent future domestic homicides. The trends and common risk factors that have emerged over the years of homicide investigations reflect Ontario's diverse realities. An example of an Ontario case that echoes familiar patterns in the DVDRC work involves the domestic homicide of Shaher Bano Shahdady.

On July 22nd, 2011, Shahdady was brutally murdered by her husband in Scarborough Ontario, Canada. Shahdady was a 21-year old woman, a beloved daughter and sister, and a new mother to the couple's now orphaned 2-year-old son. Two weeks prior to the homicide, Shahdady had verbally requested a divorce from her husband, was living on social assistance, and had escaped the couple's home to live in a separate apartment (Hasham, 2014). In the wake of such a tragedy, loved ones and victim advocates repeatedly pose the same question: could we have prevented this woman's death? Domestic violence researchers aim to address this urgent concern.

As previously described, Shahdady's story reflects themes that are all too familiar in the domestic violence and domestic homicide literature: a woman as a victim, a history of domestic violence in the relationship, and the occurrence of an actual or pending separation (DVDRC, 2015). However, this tragedy also reflects additional themes that may not be present in the majority of domestic homicide cases. In the Shahdady case, the victim and the perpetrator were Pakistani immigrants, with the victim also being a Canadian citizen. According to court documents, it appears that issues of cultural differences in regard to Canadian gender norms may

have caused tension in the couple's marriage, as the perpetrator and victim disagreed about the use of cellphones in their relationship, and argued over the victim's online friendships (Hasham, 2014). Thus, in the context of immigration and cultural differences, this tragedy and others like it require a nuanced approach to domestic violence and domestic homicide case reviews.

Parameters of the Current Study

The purpose of the current study is to identify whether there are unique factors that exacerbate immigrant victims' exposure to domestic violence and homicide and if there are specific barriers that prevent immigrant victims' from seeking support. By identifying if there are specific risk factors and/or barriers for immigrant victims, steps towards implementing evidence-based policies and practices can be taken to inform culturally competent risk assessment, risk management, and safety planning strategies, with the goal of preventing future incidents of domestic homicide.

As the topics of domestic violence, homicide and immigration are broad and consist of a myriad of sub-topics and affected parties, the scope of this study will focus on cases involving a female victim's experience of abuse. Although men can also be victims of domestic violence and homicide, this study's focus is an extension of past research which indicates that the majority of domestic violence victims are women. As such the pronouns for victim will involve "she/her" in this paper. Furthermore, although the perpetrator and additional abuse victims such as children are undoubtedly impacted by domestic violence, these parties will only be discussed as they relate to and provide context for the female victim's abuse experience due to this study's research scope.

In alignment with its purpose, this study will first seek to consolidate the current literature on domestic violence as it pertains to immigrant and refugee victims. Since research on

incidents of domestic homicide amongst immigrant populations is limited, much of the literature review on this topic will focus on the nexus of immigration and domestic violence since, as previously noted, a history of domestic violence in a relationship is the most common risk factor for domestic homicide (DVDRC, 2015). Furthermore, literature in this field has developed both in the United States and in Canada. While there are differences between both countries in terms of gun control and specific immigration policies, there are similar issues in terms of racism and access to services. As such, research from both countries will be discussed.

A review of the literature will focus on the following themes that directly influence the context of the current study:

1) Defining the concepts of risk assessment, risk management, and safety planning, in order to conceptualize this pervasive human rights issue
2) A description of the immigrant and refugee demographic in Canada and identifying key terms associated with this population in the literature
3) An analysis of intersectional feminism as a theoretical framework for the forthcoming research question
4) An exploration of victim vulnerability factors that are relevant to the immigration experience that act as potential institutional, structural, and cultural barriers to service access that may influence immigrant victims' help-seeking and reporting behaviours
5) Delineating the potential risk factors and barriers between recent and non-recent immigrants

Risk Assessment, Risk Management and Safety Planning

As previously noted, the Shadady homicide reflects familiar themes in the domestic violence and domestic homicide literature. Domestic violence researchers and front-line workers attempt to prevent this type of tragedy from occurring with a three-pronged approach: 1) Risk Assessment, 2) Risk Management, and 3) Safety Planning. Assessing the level of risk domestic violence victims face for repeated or lethal violence via risk assessment tools, reducing the risk of violence through implementing risk management strategies, and constructing viable safety plans for victims, may help unveil systemic patterns of risk and victims' help-seeking behaviours that precede such a tragedy and prevent future domestic homicides from occurring.

Risk assessment. Risk is frequently described in the literature as the likelihood of domestic violence re-occurring. Front-line workers also highlight the importance of considering the severity and frequency of domestic violence when assessing risk in the home (Campbell, Hilton, Kropp, Dawson, and Jaffe, 2016; Kropp, 2008). As such, in alignment with the Canadian Domestic Homicide Prevention Initiative (2016), this study will define risk assessment as a process that involves evaluating the level of risk a victim of domestic violence may be facing, including the likelihood of lethal or repeated violence. This assessment may be based on an assessment tool that includes a checklist of risk factors, and/or a professional's judgement (Campbell et al., 2016). A key purpose for conducting a domestic violence risk assessment is to prevent further violence by identifying and mitigating risks posed by a perpetrator, considering supervision and monitoring strategies, and gaining the relevant information necessary to provide safety plans for victims (Campbell et al., 2016). Although there are several domestic violence risk assessment tools that are validated by research, there is a paucity of research on culturally

competent assessment tools (Northcott, 2012); tools that would be beneficial and relevant to immigrant victims of abuse.

Risk management. Strategies that are intended to reduce the risk presented by a perpetrator of domestic violence, such as psychosocial interventions to address violence or related issues like addictions and mental health, and close monitoring or supervision, are all components of risk management (Campbell et al., 2016). Although the scope of the current study is focused on considerations for immigrant victims of violence, it is crucial to note that risk management strategies involving perpetrators are a necessary piece of the overarching mission to end domestic violence and homicide. Indeed, managing the risk of a perpetrator contributes to the overall safety of a victim.

Safety planning. Safety planning involves identifying strategies that protect the victim and takes into account the victim's context. These strategies include, but are not limited to, educating victims about their level of risk, providing readily accessible items needed to leave home in an emergency, changing residence, and/or arranging an alarm for a higher priority police response (Campbell et al., 2016). Identifying safety planning tools that are culturally competent and consider the diverse needs of the immigrant population is a crucial area of research, as immigrant victims may require different approaches and resources for education, and police level responses.

As previously described, the Ontario DVDRC has identified patterns in domestic homicide cases and extrapolated 40 risk factors identified in previous research that are associated with domestic homicide. The most common risk factor for domestic homicide in the general population involves a history of domestic violence (DVDRC, 2015). However, domestic homicide cases are heterogeneous. Canada, particularly the province of Ontario, is home to

millions of immigrant women who may be vulnerable to domestic violence and face unique immigrant-specific risk factors (Menjivar & Salcido, 2002; Pan et al., 2006; Fernbrant, Essén, Östergren, & Cantor-Graae, 2011).

Demographic Descriptions of Immigrants & Refugees

Canada's immigration profile. Canada's immigration history includes colonization by the British and French four hundred years ago, driving subsequent waves of immigration from the 1700's until the present day. Based on the most recent Statistics Canada (2017) estimates, Canada's largest regional sources of immigrants were Asia (including the Middle East) and Africa. According to the 2016 Canadian census, 21.9% of Canadians report being or having been an immigrant or permanent resident, up from 19.8% in 2006 and nearly matching the high of 22.3% in 1921 (Grenier, 2017; Statistics Canada, 2017). Between 2011 and 2016, 1.2 million immigrants were admitted to Canada and overall, they account for more than 1 in 5 persons in Canada (Statistics Canada, 2017).

Immigrants arrive through diverse categories with the intention to settle in a particular host country. In Canada, there are four main admission categories for immigration: i) economic immigrant, (ii) immigrant sponsored by family, (iii) refugee, and (iv) other immigrant (Statistics Canada, 2017). Economic immigrants are individuals who have been selected for their ability to contribute to Canada's economy through their ability to meet labour market needs, whereas immigrants sponsored by a family member who holds a permanent resident permit or is a Canadian citizen are granted permanent resident status based on their familial relationship with their sponsor (Statistics Canada, 2017). The refugee category includes immigrants who are granted permanent resident status based on a well-founded fear of returning to their home country due to persecutions related to religions, race, nationality, or membership in a particular

social group. This category also includes individuals who have suffered massive violations of human rights or have been impacted by a civil war. Asylum seekers are individuals who claimed refugee status but who had not been granted permanent resident status at the time of a census. The category of other immigrant includes individuals who were granted permanent resident status under a program that does not fall in any of the three immigration categories (Statistics Canada, 2017).

Challenges in conceptualizing immigration. From a research standpoint, there is increasing complexity in assessing these populations, as the terms immigrant and refugee are defined in unique ways. Besides considering the diverse immigrant categories from a Canadian stand-point, it is important to note that each country, as well as international agencies, have their own nuanced definition of immigrants. According to the United Nations Educational, Scientific, and Cultural Organization (UNSESCO) for instance, in order for individuals to be recognized as immigrants, they need to live in the host country for a minimum period of one year (UNESCO, 2017). In contrast, refugees are individuals who have involuntarily and forcibly left their countries of origin because of war and/or prosecution (UNESCO, 2017). Adding to this complexity is the reality that the terms immigrant and refugee in the literature are frequently combined with, or associated with, other concepts, including but not limited to foreign born (Abu-Ras, 2007**)**, undocumented immigrant (Adams, & Campbell, 2012**)**, foreign nationals (Canadian Council for Refugees, 2012**)**, and visible minorities (Ahmadzai, 2014); terms that may represent similar and/or tangential themes though reflect different social identities.

In addition to the complexity of simply defining the term ‘immigrant,’ it is crucial to consider the diversity of immigrant populations, consisting of over 200 ethnic origins (Statistics Canada, 2011) that reside in Canada, each of which represents a variety of cultural norms. It is

important to identify the uniqueness of each cultural group, as the vulnerabilities experienced by, for example, immigrant women from a Confucian-oriented Korean culture—one that focuses on the reduction of class conflicts—differs from those of women from a collectivist Muslim culture—one that prioritizes the family over the individual—(Lee, 2000). This is especially important to consider in terms of barriers to help-seeking behaviour (Raj & Silverman, 2002). As such, grouping immigrant and refugee victims as a singular vulnerable population may lead to homogenizing the experience of migration (Raj & Silverman, 2002), which can create additional risks for victims through service provisions fueled by stereotypes, assumptions, overgeneralizations, and general misinformation.

Despite the complexity of defining the term immigrant, and the potential pitfalls of grouping a diverse collective into one immigrant category, maintaining a narrow focus on specific subgroups of immigrants may lead to over-specificity with service providers, which can result in higher service costs, and could contribute to silo-based care. Furthermore, focusing on only the experience of specific sub-groups of immigrants can skew how the experience of domestic violence within diverse cultural communities is assessed (Yoshihama, 2008). Indeed, although the immigrant community is heterogeneous, research indicates that compared to non-immigrant individuals, immigrants as a collective are more vulnerable and are at a greater risk for domestic violence due to the aggregated cultural, social, and systemic risk factors (Hassan et al., 2011). Hence, while it is important for researchers, policy makers, and service providers to consider the uniqueness of each immigrant community, as well as individual differences within these communities, acknowledging that victims of domestic violence within immigrant populations share common barriers can help foster the development of culturally-competent risk assessment, risk management and safety planning strategies.

To address and underscore these issues involving the Canadian immigration profile, the current study defined 'immigrants' as individuals who are born outside of Canada. As such, immigrants can encompass the status of citizen or non-citizen. This definition is inclusive of Canada's four immigrant categories and reflective of the International Organization for Migration's (2017) definition of immigration as the course of noncitizens moving into another country for the purpose of resettlement. As per Canada's immigration categories, refugees will be included in the category of immigrant within the current study's dataset, and will be distinguished as a subcategory based on citizenship status during thematic analyses of the immigrant population. Statistically, immigrants will be examined as one group in the current study, however the heterogeneity of this group will be noted and analyzed thematically via quantitative and qualitative means.

Acknowledging that immigration status is a complex and multifaceted issue that contributes to a victim's vulnerability to violence is a key component to the framework of the current study. Significantly, considering the victim's gender as a woman adds another layer to the identity and vulnerability of immigrant domestic violence victims. Several theoretical frameworks are relevant to studies focused on the interconnected identities of migrants and women. Yet the theory that best conceptualizes these dual identities is feminist intersectionality. This theoretical paradigm provides the foundation for a culturally informed lens in the field of domestic homicide and domestic violence prevention and serves as the springboard for the ensuing research question and hypotheses of the current study.

Intersectional Feminism

It is evident that intersectional feminism is an important theoretical framework to consider in the literature on immigration, racialized minorities, and domestic violence. As noted

by Bright and Harrison (2013), theories are essential to the understanding of practice, as they provide a foundation for therapeutic work, and allow for continuous evidence bases for growth in research (Bright & Harrison, 2013). Theories can provide a mechanism for justifying and explaining risk assessment, risk management, and safety planning strategies for victims of domestic violence. This theoretical justification can be helpful in grounding research questions in a framework that helps stakeholders, researchers, clients, and consumers of research understand the distress faced by immigrants who experience domestic violence.

In order to understand the global and national statistics previously discussed that reveal women as the majority of domestic violence victims (World Health Organization, 2014; Statistics Canada, 2011), it is critical to examine the context and origin of a woman's position in a patriarchal society that favours the dominance of men. The vulnerability of women in such a society is traditionally examined through a feminist lens, a perspective that acknowledges the heightened status of men over women in contemporary society. Although there are several feminist philosophies, the essence of feminism is that men and women should be regarded and treated as societal equals (Chelser, 1972). In order to achieve this equality, liberation needs to occur at both psychological and institutional levels (Rosenthal, 1984).

Feminism as a theory and political movement spurred deeper research on violence against women. This provides the basis for entrenching feminism in the current study's topic choice, hypotheses, and methodology. For context, we need not look any further than the statistics highlighting the disproportionate number of female victims of domestic violence and repression. And through the lens of feminism, a light is shone on the sexist and misogynistic motivation behind certain incidents of killing of girls and women (Russell, 2013). In some cases of men killing women, the motivation is due in part to the social construction of men believing they have

a right to do so, and an equally wrong-headed assumption of a man's ownership over a woman (Laurent, Platzer & Idomir, 2013). Therefore, through feminism and the statistical over representation of female domestic violence and homicide victims, domestic violence is referred in the literature as a gendered crime.

An intersectional framework acknowledges that many social factors contribute to acts of gender-based violence against women, an umbrella term that encompasses domestic violence (Samuels-Dennis, Bailey, & Ford-Gilboe, 2011). Intersectional feminism creates an intellectual tool for the investigation of overlapping patterns of sexism and racism that are often ignored in traditional feminist discourse (Crenshaw, 1991). Indeed, when an additional layer of vulnerability is added to one's identity, such as immigrant status, feminist intersectionality provides a useful theoretical lens (Crenshaw, 1991). A theoretical understanding of the intersectional components of gender and residency status is crucial in conceptualizing domestic violence in immigrant communities. This framework provides a multi-level analysis of the nature of women's oppression within racial minority communities (Crenshaw, 1991).

According to this theory, oppression is systematic and exists across many levels, including being embedded in policies and institutions, as well as through diverse forms, such as racism and sexism (Samuels-Dennis et al., 2011). Furthermore, intersectional feminism acknowledges that different forms of oppression, such as discrimination of immigrants as well as sexism, can influence a woman's sense of well-being. Perhaps most relevant for the current study, this form of feminism acknowledges that the effects of trauma from domestic violence can accumulate over time and interact with a woman's other life experiences (Samuels-Dennis et al., 2011). Thus, when investigating domestic violence in the context of the immigrant/refugee experience, a core feminist framework does not suffice. It is critical to formulate hypotheses and

examine case files by acknowledging the multiple forms of oppression that pertain to the immigrant and female experiences. These forms involve gender, immigrant status, ethnicity, language ability, cultural values, and other elements of the immigrant experience. Therefore, in the context of a complex combination of considerations surrounding domestic violence and immigrant/refugee women, intersectional feminism is a useful framework for the current study.

Theoretical Applications in the Literature

Intersectional feminism has been frequently applied in the literature involving domestic violence within vulnerable populations. In particular, this framework recently provided a context for domestic violence studies involving African-American adolescent women in Chicago and Jewish immigrants from the Soviet Union in Toronto (Kennedy, Bybee, Kulkarni, & Archer, 2012; Morgenshtern & Pollack, 2014). In the former study, researchers utilized qualitative interviews of 180 African-American women in order to assess the relationship between domestic violence and participants' involvement and/or relationship with the sex trade. The findings indicated that increased exposure to family violence was associated with higher rates of domestic violence victimization and sex trade exposure (Kennedy et al., 2012). This study provided meaningful insights on racial minorities, a description that can encompass immigrant/refugee populations, by utilizing a relatively large sample. However, the study used interviews as a primary methodology, which is susceptible to social desirability bias and subject to increased financial costs. Furthermore, although the researchers collected valuable data on intersectionality of race and gender and utilized the theory in an appropriate manner, the study's shortcomings were that it sampled both a racialized minority population as well as an immigrant population without parsing out key themes that differentiated or united these demographics. As such, the current research aims to address this gap in an otherwise notable study by focusing on both an

immigrant and Canadian-born sample and forming conclusions that account for the differences and similarities across one's residency status.

In the Morgenshtern & Pollack (2014) investigation that encompasses intersectional feminism, involving Jewish immigrants from the Soviet Union, a focus on immigrant population trends was at the forefront. In this study, researchers examined the effect of the job market and the shift in nuclear family structure on the romantic relationship of 10 professional heterosexual Jewish couples from the former Soviet Union who immigrated to Toronto (Morgenshtern & Pollack, 2014). Through an intersectional feminist theory, the researchers developed an interview method that considered multiple facets of feminist identity. This study involved first-person narration, in which the narrative voice represents others who have experienced a similar cultural scenario, and oral history as the research methods (Lewis-Beck, Bryman, & Liao, 2004).

The Morgenshtern & Pollack (2014) data was collected in a multi-stage process: first person narration interviews were conducted to review the couples' understanding of the general perception of the former Soviet Union immigrant experience. Then, these interviews were used as a backdrop for more specific oral history interviews that involved the couples' unique immigrant experience (Morgenshtern & Pollack, 2014). The findings showed that some of the male participants whose educational and professional credentials were not recognized in Canada, were left with limited options for securing gainful employment. On the other hand, women participants had time and their partner's approval to study and were able to complement their pre-migration education with the Canadian credentials, allowing them to help secure professional employment that was consistent with a middle-class lifestyle (Morgenshtern & Pollack, 2014). The downside of this was that women were dealing with multiple demands of professional

employment and caring responsibilities, as the shift in gendered employment was rarely accompanied by a gendered redistribution of household labour (Morgenshtern & Pollack, 2014).

Consequently, this study identified the importance of considering an intersectional perspective when assessing immigrant family experiences and effectively carved out the significance of employment factors and gender when discussing immigrant issues. However, domestic violence was not explicitly addressed in the context of pre- and post- migration social structures, and the interview methodology may have hampered discussion of the issue with participants. Importantly, as the sample only involved white professional heterosexual Jewish individuals, it limited the generalizability of their immigrant experience in the context of intersectional feminism. Overall, while this study provided the context of the current research by involving intersectional feminist theory and immigration, the interview method didn't allow for the discussion of domestic violence in partnerships. This method involved couples being interviewed together, perhaps preventing women from revealing their true experience in the context of immigration, violence, and domestic life. Therefore, the current study aims to address these concerns by utilizing data from domestic homicide victims who immigrated from a variety of countries, delving into case files rather than interview methods, and examining data from victims who resided across the province of Ontario.

It is evident that intersectional feminism is an important framework to consider in the literature on immigration, racialized minorities, and domestic violence. As noted by Bright and Harrison (2013), theories are essential to the understanding of practice, as they provide a foundation for therapeutic work, and nourish continuous evidence bases for growth in research (Bright & Harrison, 2013). Theories can provide a mechanism for justifying and explaining risk assessment, risk management, and safety planning strategies for victims of domestic violence.

This theoretical justification can be helpful in grounding research questions in a framework that helps stakeholders, researchers, clients, and consumers of research understand the distress faced by immigrants who experience domestic violence.

Immigrant Status Exacerbates Victim Vulnerability Risk Factors

A victim may be considered particularly vulnerable due to specific historical events, developmental experiences, and life circumstances that may increase her risk of domestic violence. These issues, referred to as victim vulnerability factors (Watt, 2008; Fitzgerald, Drasgow, Hulin, Gelfand, and Magley, 1994), may heighten the risk of domestic violence by increasing the likelihood of engagement in a relationship with an individual who, in turn, is at risk of perpetrating violence. This partner may prevent the victim from viewing the risks while she is in a relationship, and/or decreasing the possibility that she will take protective action once the risk becomes apparent (Watt, 2008). It is important to note that victim vulnerability does not equate with blaming the victim for the abuse; rather, this concept provides a rationale and context for why a victim of violence may stay in an abusive relationship.

While several factors underpin the concept of victim vulnerability, there are particular risk factors that have been noted in the literature as being relevant to immigrant victims of violence. These factors include: a) social isolation (Bauer, Rodriguez, Quiroga, and Flores-Oritz, 2000; Brownridge and Halli, 2002), b) language and/or cultural barriers (Kim & Sung, 2016; Keller & Brennan, 2007;) c) lack of trust in social services, the police, and the judicial system (Latta & Goodman, 2005; Sokoloff & Pearce. 2011), d) masculine gender role stereotypes and culturally conservative beliefs (Edelstein, 2013; Fuchsel, Murphy & Dufresne, 2012), and e) victim mental health issues, including depression (Midlarsky, Venkataramani-Kothari & Plante, 2006). These immigrant-specific victim vulnerability factors are often interrelated, reflecting the

intersectional nature of being an immigrant, a woman, and a victim of domestic violence. Together, these interrelated concepts of vulnerability may inhibit an immigrant victim's likelihood of taking protective action, thereby heightening her risk of domestic violence and domestic homicide.

Social isolation. Defined as a state in which an individual lacks a sense of social belonging, has few social contacts, lacks engagement with others, and experiences an overall deficiency in quality relationships, social isolation can have numerous health implications (Nicholson, 2009). Of relevance to domestic violence and immigration research, social isolation refers to having a minimal social network, due in part to the perpetrator limiting contact with others via controlling access to phones, and discouraging socialization. Social isolation is also defined in the literature as lacking natal kin or extended kin network (Erez, Adelman & Gregory, 2009). Although perpetrators can and do contribute to a victim's social isolation, this victim vulnerability factor also includes a victim lacking awareness of resources due to cultural isolation and the inability to speak freely to others based on language barriers (Bui, 2003). Indeed, victim's social isolation appears to relate with several vulnerability variables, including language, relationships with the justice system, cultural dynamics, and mental health.

Language barriers. The most frequently noted barrier for help-seeking behaviours amongst immigrant women involves the inability to speak to a service provider in English or through a translator (Keller & Brennan, 2007). Indeed, when Latina, Asian, Russian, African, Vietnamese immigrant women were asked to comment on their experiences with service providers, each cultural group cited that their poor language skills resulted in difficulties in their ability to communicate with support staff (Bui, 2003; Keller & Brennan, 2007). For immigrants to predominantly Western countries, limited English language proficiency serves as a barrier for

help seeking support in a number of ways. Limitations in language abilities prevent immigrant victims from obtaining better paying jobs, from communicating with the police and social services, and from making financial transactions (Hass, Dutton & Orloff, 2000). Compounded with factors such as social isolation, and the intersectional nature of being a woman and an immigrant, victims who experience language barriers may become more dependent on their abusive partners (Hass et al., 2000), be unaware of their legal and human rights in their host country, and be unclear around immigration laws. Thus, language barriers appear to heighten the risk of domestic violence and domestic homicide for immigrant victims.

Lack of trust in the police & judicial system. For some visible minorities, the old adage of being pulled over for 'D.W.B' (i.e. Driving while black/brown) is a common cultural touchstone known as an instance of racial profiling that involves being pulled over by the police for no apparent reason other than the ethnicity of the, usually male African-American or Hispanic, driver (Lundman & Kaufman, 2003). Recently, the large scale social movement BlackLivesMatter gained traction on social media outlets as a collective forum for protesting police brutality against people of colour. These phenomena reflect the sometimes-tense relationship between the police and black Americans, and while not all immigrants are racialized minorities, some research indicates that immigrants of colour may experience a comparable distrust with the police and justice forces (Latta & Goodman, 2005). From the standpoint of immigrants, this distrust of the justice system may be due to perceived or genuine racism on the part of a host country's justice officials, or these distrustful attitudes may be a function of previous negative experiences with police services in their prior country (Latta & Goodman, 2005). In the U.S., this pattern of distrust for police and justice services was observed as a primary barrier for accessing treatment amongst immigrants and refugees from Vietnamese,

Latino, Somali and Haitian communities (Pan et al., 2006; Latta & Goodman, 2005). Interestingly, research based in Toronto, Canada has revealed that although racial minorities are more likely than whites to perceive various forms of discrimination within the justice system, these racial differences are not accounted for by immigration status (Wortley & Owusu-Bempah, 2009). Perhaps surprisingly, regardless of race, recent immigrants to Canada reported the most positive attitudes towards the justice system; however, these views became less favorable over time (Wortley & Owusu-Bempah, 2009). Distrust in the police and justice system may lead to less reporting of risk as well as the probability of not understanding one's legal rights. This further adds to the complexity of barriers that immigrant women face. If these distrustful attitudes are indeed prevalent in Ontario immigrant populations, this would be yet another factor that contributes to the victim vulnerability of immigrant victims.

Culturally informed gender roles. Although patriarchal ideologies are general, and potentially universal, their specific cultural expression varies according to the social positions of immigrant victims and the historical context of their migration (Menjivar & Salcido, 2002). Cultural factors framed by patriarchal ideologies may include beliefs regarding gender role expectations, norms pertaining to separation and divorce, beliefs surrounding 'saving face 'and keeping familial issues private (Keller & Brennan, 2007). These factors appear to impact immigrant victims' help-seeking behaviours. Specific cultures have different behavioural expectations of women, and thus acceptance and adherence to patriarchal norms vary (Keller & Brennan, 2007). According to research by Acevedo (2000), Hispanic cultural beliefs regarding marriage and cultural gender role expectations influenced Mexican immigrant victims' decision to stay in abusive partnerships – factors that superseded financial dependency and immigrant status variables. Despite a different immigrant demographic, this pattern of patriarchal gender

role norms discouraging victims from seeking help was also prevalent in research involving immigrant women from Ethiopia, Sri Lanka, and Arab immigrant communities (Edelstein, 2013; Hyman, Mason, Guruge, Beman, Kanagaratnam & Manuel, 2011; Shalabi, Mitchell & Andersson, 2015).

Victim mental health. Although it is well documented that serious mental health concerns, including depression, schizophrenia, and post-migration stressors, exist among immigrant women, factors like language barriers and cultural understandings of mental health prevent many immigrant women from seeking support (O'Mahony & Donnelly, 2007). This is deeply problematic as the mental health impacts of domestic violence for immigrants includes posttraumatic stress, anxiety and depression, in addition to physical health symptoms (Midlarsky, Venkataramani-Kothari & Plante, 2006). Research has shown that specific immigrant communities, including Somali refugee women living in the U.S., are less likely to disclose or seek services related to mental health due to the culturally-based stigma surrounding mental illness as weakness (Nilsson, Brown, Russell & Khamphakdy-Brown, 2008). Thus, it appears that cultural barriers and language difficulties also impact the reporting of mental health concerns in immigrant communities, adding further obstacles to seeking support from domestic violence situations.

Literature on Factors Relevant to Immigrant Victims of Domestic Violence

A study that investigated some of the victim vulnerability factors in a Canadian context involved the analysis of 14 racial minority women from three Canadian cities (Tam, Tutty, Zhuang & Paz, 2016). This study utilized an in-person interview method to assess what factors encouraged women to seek help following abuse. The answers of the 14 women were compared to the responses of 161 non-racial minority women. Results indicated that the minority women

who were newcomers, did not speak English, and who were socially isolated by their abusers, encountered additional barriers in accessing necessary safety information assistance (Tam et al., 2016).

Although an important work in the context of immigration, there were several limitations with this research. Firstly, the results of such a small, exclusively qualitative study cannot be generalized to larger populations (Tam et al., 2016). Furthermore, although this study included newcomers within the category of the 14 minority women, there was no explicit indication of whether the non-newcomers were also immigrants. Since immigrant status is related to unique challenges such as language barriers, limited access to culturally appropriate services, financial insecurity and dependence (Bui, 2003), an explicit reference to status would be beneficial. Lastly, the use of interviews to gather data presents several issues in this study's research design. In person interviews are costly in terms of money and time. Furthermore, as noted in a text on research methodologies, participants may be more hesitant to reveal their true feelings on sensitive topics, like domestic violence in an interview (Heppner, Wampold & Kivlighan, 2008). The interviewers themselves needed to be trained and there must be strict standardization procedures in place to avoid introducing confounding variables (Heppner et al., 2008). Due to the various meeting locations of this study, the interview location itself can be considered as a confounding variable in this research.

Thus, research needs to explore the unique factors of status immigrants as a positioned identity, with more emphasis on quantitative methods due to a current lack in the field, and the use of research designs outside of solely interviewing. The current study will attempt to address the limitations identified in the Tam et al (2016) work, while maintaining the former study's

commitment to an intersectional feminist framework using an ethnically diverse immigrant sample, a Canadian context, and an examination of relevant victim vulnerability variables.

In addition to literature that examines vulnerable risk factors, it is also important to conceptualize the level of risk immigrant women experience. Research suggests that the incidence of domestic violence in immigrant/refugee populations is not necessarily higher than non-immigrant populations, but rather, the experiences of these women in domestic violence situations are exacerbated by their position as immigrants. This status may encompass a lack of access to dignified jobs and limited host-country language abilities (Menjivar & Salcido, 2002). Furthermore, immigrant women may be at a greater risk for domestic violence compared to native-born women due to the stressors of migration and differences in cultural values (Pan et al., 2006; Fernbrant, Essén, Östergren, & Cantor-Graae, 2011). For instance, one study found that foreign-born women reported twice as much exposure to physical violence in the home compared to Swedish-born women (Fernbrant et al., 2011). In this study, through the lens of considering intersectional feminist factors, researchers investigated the prevalence of exposure to physical violence and the prevalence of perceived threat of violence and its association to country of birth among women living in Sweden. The methodology of this study involved gathering data from a large-scale public health survey from a small community in southern Sweden (Fernbrant et al., 2011). The findings of this study were critical: foreign-born women reported significantly higher rates of exposure to physical violence and perceived threat of violence compared with their Swedish-born counterparts. Furthermore, the study revealed that the immigrant women who were exposed to violence primarily came from middle/low-income countries as opposed to high-income countries (Fernbrant et al., 2011).

Thus, this contemporary study shed light on the various intersectional systems of oppression faced by immigrant women in the context of domestic violence. By utilizing a large sample size, its findings were meaningful, and revealed that immigrant women in this small region of Sweden were in an environment and in relationships that allowed for heightened exposure of domestic violence. As such, policy makers can consult this study and others like it, in order to create culturally relevant structural plans that will reduce immigrants' exposure to violent relationships, while increasing access to systems that can increase the likelihood of help-seeking behaviours amongst immigrant women.

Although the research efforts of Fernbrant et al (2011) provide a useful foundation for assessing immigrant domestic violence and homicide, several limitations exist. For instance, this study analyzed results from 11 556 women aged 18 to 64 years that were derived from a broader survey about health. As such, the questions concerning violence did not include specifications regarding the relationship of the perpetrator to the victim, or the type, severity, or frequency of the violence (Fernbrant et al., 2011). Another problem that is prevalent in the literature is the use of self-report measures. Due to self-report, the information reported in this study was subjective, and the accuracy of these reports cannot be validated. These gaps stress the importance of utilizing case files, such as those obtained from Death Review Committees, in order to supplement self-reports with several documented observer reports. Further, by obtaining reports through a retrospective case analysis, research questions that may create a sample bias due to language ability are immaterial.

Although the Fernbrandt et al (2011) study is a useful contribution to the large-scale immigrant and domestic violence literature, its relevance to the Canadian context of the current

study should be acknowledged. Indeed, immigration in a Canadian context is different to that of Sweden context, and thus, it is critical to also investigate immigration with a Canadian lens.

Perhaps the most relevant precursor to the current study that takes into account intersectional feminism theory, immigration in a North American context, and appropriately accounts for domestic violence, involves a U.S. study that analyzed the relationship between immigration and domestic violence based on interviews with 137 immigrant women from 35 different countries who sought help related to their immigration and/or domestic violence problems (Erez, 2009). The sampling frame included states with large numbers of recent immigrants, and included immigrants residing in California, New York, Michigan, Wisconsin, Florida, Iowa, and Texas (Erez, 2009).

This study greatly contributes to the literature, as it provides an alternative perspective to the definition of 'immigrant.' Indeed, knowledge of immigrants' experiences with domestic violence is often obtained from small samples of case studies that focus on singular immigrant communities in the U.S. These past research efforts include obtaining samples of immigrants from South Asia (Abraham, 2000), Bosnia (Muftic & Bouffard, 2008), Cambodia (Bhuyan, Mell, Senturia, Sullivan, & Shiu Thornton, 2005), Mexico (Salcido & Adelman, 2004), and other immigrant communities. However, in Erez's (2009) study, the term 'immigrant' is defined as a positioned identity within the social context. According to founders of the theory, positioning refers to a dynamic, and thus shifting, form of a social role (Harré & van Langenhove, 1999). It is defined as the discursive process whereby individuals are observed as participants in jointly produced, collaborative narratives (Davies & Harré, 1999). Essentially, in contrast to specific, static definitions of immigrants that frequently occur in the literature (Abraham, 2000; Muftic & Bouffard, 2008; Salcido & Adelman, 2004), the term immigrant as a positioned identity indicates

that the concept of an immigrant does not refer solely to a specific national group. Rather, as observed in the Erez (2009) study, an 'immigrant' is a social identity that can shift between several countries of origin while maintaining the singular, collaborative, and unified narrative of an 'immigrant experience'. This positioned identity approach allowed the researchers in this study to emphasize the commonalities experienced by abused immigrant women, regardless of their country of origin or ethnic identity (Erez, 2009). In turn, their findings were generalizable to the immigrant community as a whole.

In their results, the researchers found several patterns across all immigrant groups, and the discovered that the general difficulties these victims faced as women were intersected with the challenges they experienced as immigrants (Erez, 2009). In particular, abused immigrant women faced legal challenges, including a lack of knowledge and/or access to linguistically and culturally appropriate social services. They often had a legal dependency on the men that abused them and were often responsible for sending financial assistance to family members overseas. This context often prevented them from leaving their abused home environments. In addition, immigrant women reported feeling a deep fear of losing social status and support from their immigrant communities, often their only source of support in the new country (Erez, 2009). This source of support often came in the role of extended family members and relatives of the perpetrator of violence. Furthermore, abused immigrant women reported experiencing racist anti-immigrant public sentiment. This further prevented their desire to report abuse due to wanting to maintain a positive image of their immigrant community (Erez, 2009).

Despite the many strengths of this study, including a high number of participants across numerous immigrant communities, as well as its definition of 'immigrant' as a positioned identity, there were several drawbacks to the methodology and research design of this research

effort. In particular, the participants were immigrant women who sought help related to their immigration and/or domestic violence problems. Therefore, they were not necessarily representative of all abused immigrant women but represent a subsample of this population who actively sought help. Furthermore, even as a subgroup of immigrant women who sought help for domestic abuse, the sample is not necessarily representative of this subgroup, as they were recruited through interview requests by community agencies that agreed to participate in the study (Erez, 2009). Many agencies could not afford the cost of lengthy interviews, as is common with the use of interview methodologies in qualitative studies (Heppner, Wampold, & Kivlighan, 2008). Thus, the sample was not a random representation of abused immigrant women in the United States, nor was the methodology conducive to more objective psychological research tools.

These strengths and limitations present in the Erez (2009) study will be addressed in some capacity in the current study. Although the sample will also involve a sample of women from various communities, it will not be a random representation of abused immigrant women since the current study is working from a pre-existing sample of domestic homicide victims. However, the methodology in the current study will be interdisciplinary in nature and will not rely solely on self-reports or interviews from victims of domestic violence. Instead, a case files consisting of health, criminal, social service, and research reports will help determine the risk factors of domestic violence and domestic homicide. As such, the current study is able to address some of the limitations that are encompassed within the methodology and research design that was revealed in the Erez (2009) study. By the same token, the current study will embody an intersectional feminist framework with a methodological focus on exposure reduction. In this

manner, the strengths and goals of the Erez (2009) study will be honoured and further developed in a Canadian context.

Access to Services & Lack of Information

A key theme throughout the research on domestic violence and immigrant populations involves barriers that may prevent immigrants from seeking help (Tam et al., 2016; Erez, 2009). If victims from immigrant communities are not seeking assistance from social service organizations, important information involving demographic profiles and help-seeking behaviours will be missing from domestic violence research efforts. Indeed, as the underlying purpose of the current study is to prevent incidences of domestic violence and domestic homicide, it is crucial to understand why immigrant women are reluctant and/or unable to access social services in their communities.

In their review of help-seeking behaviours of South Asian women in Western countries, Finfgeld-Connett & Johnson (2013) identified key factors at individual and community levels that pose barriers to help-seeking behaviours in cases of domestic abuse. Amongst immigrants from this community, there tends to be a reluctance to seek help regarding domestic abuse, as many South Asian women believe it is their responsibility to make their marriage successful. Any failure to maintain a successful marriage can result in personal shame and can subsequently tarnish the reputation of the bride and groom's families (Ahmed et al., 2009; Anitha, 2010). Furthermore, these women may fear destitution and deportation if they were to take coercive action against their spouse (Anitha, 2011), and generally want to maintain their immigration status and cultural community within the host country (Adam, 2000).

Maintaining a sense of cultural community is prevalent in many immigrant communities, including Chinese immigrants experiencing domestic abuse (Yick & Oomen-Early, 2009).

However, when a turning point involving extreme abuse occurs, many abused immigrant women are likely to reach outside of their close community networks for assistance, (Panchanadeswaran & Koverola, 2005; Ahmad et al., 2009) particularly when they perceive their children's well-being is at stake and/or their living situations are deemed intolerable (Ahmad et al., 2009).

Although many Western host countries provide lifesaving services for domestic violence victims, the availability and suitability of social services can be problematic for immigrants. For instance, if government-supported services are present for a victim, accessibility may be limited if the woman is no longer with her spousal sponsor or if the woman's immigration status is uncertain (Anitha, 2010; Raj & Silverman, 2007). Furthermore, cultural gaps can also pose a barrier to accessibility if the provider and recipient speak different languages (Anitha, 2010), as providing language-appropriate assistance can reduce premature termination of services (Jackson et al., 2001). To address these barriers, organizations that cater to specific immigrant populations, can serve as a mediator between the victim and the social service agency, whilst honouring and assuring confidentiality. For example, South Asian women's organizations (SAWOs) tend to be operated by women of South Asian descent who are eager to enhance the well-being of immigrant women. Most of these workers have extensive knowledge of the relevant culture and language (Abraham, 1995), and can connect immigrant women with resources such as transitional housing and professional counselling (Grewal, 2004). Programs that offer job training, legal assistance, childcare, and other services can empower women from all immigrant communities (Websdale and Johnson, 2005). If these barriers to social services are considered and addressed, this may allow for greater access to services amongst immigrant women. In turn, greater service utilization by immigrants may provide greater insight as to how

best to support these communities via culturally competent risk assessment, risk management, and safety planning services.

Proposed Study

Based on the existing literature, an intersectional framework that addresses the concerns of immigrant domestic violence victims is needed to investigate the presence of risk factors. This study will utilize intersectional feminism as a framework to identify whether there are unique individual and community-level risk factors that may increase immigrants' victimization by domestic homicide. Furthermore, should unique risk factors be identified, this study seeks to consolidate knowledge on immigrants/refugees and domestic violence, in order to inform risk assessment, safety planning and risk management.

Research Question

Do immigrant victims experience any unique risk factors or vulnerabilities that may contribute to their inclination to stay in an abusive relationship, thereby increasing their vulnerability of domestic homicide, relative to Canadian-born victims?

Hypotheses

Based on previous literature, it was hypothesized that immigrant victims will encounter institutional (e.g. legal system), structural (e.g. low education and socioeconomic status), and cultural (e.g. differing societal norms, gender expectations and language difficulties) barriers that contribute to their victim vulnerability via increased levels of social isolation, language barriers, mistrust of the justice system, and cultural barriers compared to Canadian-born victims. As such, several specific hypotheses were tested in the analyses and the following findings were expected.

Differences in the Presence of Established Risk Factors between Canadian-born and Immigrant Cases

1. Domestic homicide and homicide-suicide in the immigrant population will involve significantly more risk factors based on the DVDRC 40 risk factors list than such cases in the Canadian-born population.
2. The 10 most frequently occurring risk factors in the DVDRC Annual Report (DVDRC, 2015) will differ between Canadian-born and Immigrant groups, particularly between two factors that pertain to cultural norms and gender norms, with Canadian-born groups experiencing higher rates of the following compared to immigrant groups:
    a. actual/pending separation and
    b. living common law

Differences between Victim Vulnerability Factors in the Canadian-born Victims and Immigrant Victims

3. Specific factors related to victim vulnerability will be more prevalent in immigrant cases, in particular:
    a. Victim social isolation, which encompasses inadequate social and friendship support, and lack of talking to anyone about the violence (Watt, 2008) is expected to be more prominent in immigrant cases
    b. Immigrant victims will be more afraid of the justice system, and will thereby have less contact with the police and legal services
    c. Immigrant victims will experience more language barriers compared to Canadian-born victims

d. Victim mental health variables will significantly differ between Canadian-born and immigrant victims. Immigrant victims will be more likely to have a depression diagnosis, and will be less likely to have accessed prior counselling and mental health treatment.
e. Immigrant victims will have less contact with social services compared to Canadian-born victims
f. Immigrant victims will have more contact with religious and cultural services compared to Canadian-born victims

Differences between Immigrant-Specific Victim Vulnerability Factors in the Recent and Non-Recent Immigrant Victims

4. Recent immigrants will have less DVDRC risk factors than non-recent immigrants
5. Recent immigrants will have more language barriers
6. Recent immigrants will have more cultural barriers

Thematic Components to Domestic Homicide Cases

7. Quantitative frequency analyses will reveal a multitude of source countries, including high income regions and low-income regions, reflecting the international scope and prevalence of domestic violence.

Methodology

Research Design & Data Collection

This study utilized a retrospective case analysis research design with quantitative data obtained from reports by the Ontario Domestic Violence Death Review Committee (DVDRC). The DVDRC is an interdisciplinary team of domestic violence experts from the social services, public safety, healthcare, and law enforcement agencies that assist the Office of the Chief

Coroner of Ontario in the review of deaths of persons that occurred as a result of domestic violence (DVDRC, 2015). A key goal of the DVDRC is to understand the context of a domestic homicide through the gathering of detailed information about the personal characteristics of the perpetrator and the victim(s). This goal is achieved by obtaining information from law enforcement, social service agencies, healthcare professionals, and other relevant contacts such as friends and family members of the perpetrator and victim. From this information, a case file is constructed and subsequently reviewed by the committee. Since 2003, the Ontario DVDRC has conducted 199 reviews of such case files (DVDRC, 2015). From these reviews, the committee documents the presence or absence of risk factors based on an established DVDRC coding form. These factors are recorded, coded and transferred to an encrypted computer for research purposes. Upon reviewing domestic homicide case files, the DVDRC makes recommendations with the goal of preventing such deaths from occurring in the future (DVDRC, 2015).

Sample

The current study investigated 88 domestic homicide deaths concerning adult intimate partner relationships. As such, only cases with adult perpetrators and victims were included in the analyses. Furthermore, in order to create a sample consistent with the existing literature, same-sex couples, couples that include a Canadian-born partner and an immigrant partner within the same relationship, and cases involving female perpetrators and male victims were also excluded from the current study. Although these populations undoubtedly experience domestic violence and domestic homicide, the multitude of factors that interact within such cases would require a focused research endeavor that is outside the scope of the current study. Lastly, although the characteristics and risk factors of perpetrators were considered in this study, these

analyses were conducted to provide a picture for what domestic homicide looks like in a Canadian population, and provided the necessary context for the primary victim research focus.

Procedure

The researcher was granted access to the DVDRC database following an oath of confidentiality and approval through the Western University Ethics Review Board (Appendix A). The DVDRC dataset could only be retrieved from a password-protected and encrypted computer, and only the researcher and lab members had access to the data. Following the oath and gaining access to the dataset, the researcher conducted the analyses.

Analysis

The 40 established DVDRC risk factors were previously coded by former research assistants across 219 cases in the DVDRC database. Victim vulnerability factors for 219 DVDRC cases were then coded between three research assistants. The first 30 cases were coded independently by each RA. Upon reaching a consensus and approaching an inter-rater reliability of at least .84 for each victim vulnerability factor, the remaining 189 cases were divided by the three RA's independently.

All cases involving same-sex cases, female perpetrators, male victims, U.S. citizens, Indigenous peoples, young couples and older couples were excluded from the analysis in order to be consistent with the existing literature. In addition, cases involving a Canadian-born perpetrator and an immigrant victim and cases involving an immigrant perpetrator and a Canadian-born were also excluded as these scenarios differ thematically from cases that involve both Canadian-born and both immigrant individuals. Then, 38 cases that had both the victim and perpetrator as an immigrant were analyzed as one group and 50 cases that included Canadian-

born perpetrators and victims were analyzed as a second group. The 40 DVDRC risk factors were applied to both groups in order to assess their prevalence.

The majority of risk factors were coded as follows: 1 = risk factor is absent in the case file, 2 = risk factor is present, 3 = unknown. Additional factors, including the country of origin for immigrant cases, as well as which professional groups were contacted for assistance by both groups, were also identified in the data set. Statistical tests, including independent t-tests, were applied to continuous variables including the number of risk factors present in each group. Then, chi-square analyses were applied to the data to determine the characteristics, risk factors, and case contacts that occur in each group. The same process was used for victim vulnerability factors.

A comparison between recent (resided in Canada for 0-9 years) and non-recent (resided in Canada for 10+ years) (Du Mont, Hyman, O'Brien, White, Odette, & Tyyska, 2012) was also performed, utilizing t-tests and chi square analysis. A significance level of $\alpha = 0.05$ was used for comparisons with a priori hypothesis while a significance level of $\alpha = 0.01$ was used for comparisons without an a priori hypothesis to prevent significant findings by chance due to multiple comparisons.

Results

Socio-Demographic Characteristics

Characteristics of the victims and perpetrators within the Canadian-born and immigrant groups were examined to provide a thorough overview of the separate groups (see Table 1). Overall, the Canadian-born and immigrant groups did not significantly differ on a number of sociodemographic characteristics. For instance, the total cases were largely characterized by homicides (N = 50; 56.8%), and both populations consisted of couples who were separated or

estranged (*N* = 36; 40.9%). Victims in the Canadian-born group had an average age of 38.6 (*SD* = 6.88) and victims in the immigrant group had an average age of 39.5 (*SD* = 7.50). Perpetrators in the Canadian-born group had an average age of 40.9 (*SD* = 7.51), and perpetrators in the immigrant group had an average age of 41.6 (*SD* = 6.49).

Table 1
Sociodemographic Characteristics between Canadian-born and Immigrant Groups

	Canadian		Mean (SD)	Immigrant		Mean (SD)	Total		Statistic X^2 or t
	n	%		*n*	%		*N*	%	
Total Cases	50	56.8%		38	43.2%		88	100%	
Type of Case									.034
Homicide	28	56%		22	57.9%		50	56.8%	
Homicide-Suicide	18	36%		13	34.2%		31	35.2%	
Attempted Homicide-Suicide	4	8%		3	7.9%		7	8%	
Relationship Status									4.65
Legal Spouse	14	28%		19	50%		33	37.5%	
Common-Law	10	20%		5	13.2%		15	17%	
Dating	3	6%		1	2.6%		4	4.5%	
Separated/Estranged/	23	46%		13	34.2%		36	40.9%	
Victim Age			38.62 (6.875)			39.47 (7.500)			-0.56
Perpetrator Age			40.90 (7.514)			41.58 (6.492)			-.45

Note. Results were not significant at $p < .01$

Established Risk Factors between Immigrant and Canadian-born Groups

The 40 risk factors identified by the DVDRC (2015) from cases that occurred between 2003-2015 were examined between the immigrant population and the Canadian-born population. The variable that was not equally relevant to both groups (youth of the couple), was not examined as the cases involving young victims and young perpetrators were excluded as noted in the methods section. The top 10 risk factors identified by the DVDRC (2015) were compared

across both groups. Independent chi-square tests were conducted and a statistically significant relationship was found for one variable (see Table 2). Although variables including the number of risk factors and actual or pending separation consider both the perpetrator and the victim, most of the established top risk factors pertain to the perpetrator. As such, noting these risk factors provides a necessary context to one aspect of the relationship and speak to how a victim may be vulnerable to homicide. Note that following the analyses of the established risk factors, the remaining analyses will focus more so on victim specific factors that render the victim vulnerable to domestic homicide.

Number of Risk Factors. An independent samples t-test was conducted to assess whether there was a significant difference in the amount of established DVDRC risk factors (DVDRC, 2015) present in the cases according to immigrant status. Although cases in the Canadian-born group had a mean of 11.70 risk factors (SD = 5.46), while cases in the immigrant group had a mean of 9.61 risk factors (SD = 5.12), this difference was not statistically significant, $t(86) = 1.83$, $p > .05$, and represented a small effect size, $r = .19$.

History of Domestic Violence. There was not a significant difference between immigrant status groups and the perpetrator's history of domestic violence in the current relationship, $X^2(1) = 0.32$, $p > .05$. Perpetrators in the Canadian-born group had similar rates of prior domestic violence in the current relationship (83%, n = 39) as perpetrators in the immigrant group (88%, n = 22).

Actual or Pending Separation. A chi-square comparison was used to determine if a relationship existed between separation and the different immigrant status groups. A significant relationship was found, $X^2 (1) = 5.37$, $p < .05$, as Canadian-born couples were more likely to be separated or going through a separation (93.8%, n = 45) than immigrant couples (76.3%, n = 29).

Although actual or pending separation was the second most frequently occurring risk factor in domestic homicide cases between 2003-2015, frequency analyses revealed that it was the most frequently occurring risk factor for Canadian-born cases and the second most common risk factor for immigrant cases as noted in Table 2.

Perpetrator Depression. Although there was not a significant difference between immigrant status groups and the presence of depression in perpetrators, $X^2(1) = 0.043$, $p > .05$, as perpetrators in the Canadian-born group had similar rates of depression (64.4%, $n = 29$) as perpetrators in the immigrant group (62.1%, $n = 19$), there was a difference in the frequency of a professional depression diagnosis (see Table 3). Depression was professionally diagnosed significantly more in the Canadian-born group (36.4%, $n = 16$) compared to the immigrant group (14.3%, $n = 4$), $p < .05$.

Perpetrator Unemployment. There was not significant difference between the immigrant status groups and perpetrator unemployment, $X^2(1) = 2.52$, $p > .05$, as perpetrators in the Canadian-born group had similar rates of unemployment (24.5%, $n = 12$) as the immigrant group (40.5% $n = 15$).

Victim Sense of Fear. There was not a significant difference between the immigrant status groups and a victim's intuitive sense of fear, $X^2(1) = .004$, $p > .05$, as victims in the Canadian-born group experienced similar rates of fear (62.8%, $n = 27$) as victims in the immigrant group (62.1%, $n = 18$).

For the remaining identified DVDRC risk factors, independent chi-square tests were conducted and statistically significant relationships were found for six variables (see Table 3).

Common-Law. A chi-square comparison was used to determine if a relationship existed between common-law relationships and the different immigrant status groups. A significant

relationship was found, $X^2(1) = 4.97$, $p < .05$. Canadian couples were significantly more likely to be in a common-law relationship prior to the homicide (34.7%, n =17) compared to immigrant-born couples (13.5%, n =5).

Table 2
Top 10 DVDRC Risk Factors

	Canadian		Mean (SD)	Immigrant		Mean (SD)	Total		Statistic (x^2 or t)
	n (Order)	%		n (Order)	%		N (Order)	%	
Total Cases	50	56.8%		38	43.2%		88	100%	
Total Number of Risk Factors in Each Case			11.7 (5.459)			9.61 (5.12)	88		t = 1.83 n.s.
1.History of Domestic Violence-current	39 (2)	83%		22 (1)	88%		61 (1)		x^2 = .30, n.s.
2.**Actual or Pending Separation**	45 (1)	93.8%		29 (2)	76.3%		86 (2)		x^2 = 5.37*, sig
3. Perpetrator was Depressed	29 (4)	64.4%		18 (4)	62.1%		74 (3)		x^2 = .043, n.s
4. Obsessive Behavior by the perpetrator	32 (3)	69.6%		18 (4)	62.1%		75 (4)		x^2 = .45, n.s.
5.Prior threats or attempts to commit suicide	26 (5)	63.4%		18 (4)	62.1%		70 (5)		x^2 =.013, n.s.
6.Victim intuitive sense of fear	27 (6)	62.8%		18 (4)	62.1%		72 (6)		x^2 =.004, n.s.
7.Prior threats to kill victim	21 (8)	52.5%		18 (3)	64.3%		68 (7)		x^2 =.94, n.s.
8. Excessive alcohol and/or drug use	21 (9)	44.7%		12 (7)	38.7%		78 (7)		x^2 =.27, n.s.
9. Perpetrator who was unemployed	15 (10)	30%		18 (6)	47.4%		88 (7)		x^2 =2.78, n.s

10. Escalation of violence	23 (7)	54.8%		13 (5)	48.1%		69 (8)		x^2 =.288, n.s

Table 3
Significant Risk Factors Across All 40 Established Risk Factors in the Immigrant and Canadian-born Population

	Canadian-Born		Immigrant		Total		X^2
	n	%	*n*	%	*N*	%	
Perpetrator was abused and/or witnessed DV as a child	13	(59.1)	0	(0)	13	43.3	8.34*
Victim and perpetrator living common-law	17	(34.7)	5	(13.5)	22	25.6	4.97*
Choked/strangled victim in Past	11	(32.4)	1	(4.8)	12	21.8	5.79*
Access to or possession of any firearms	16	(36.4)	4	(12.9)	20	26.7	5.12*
Depression professionally diagnosed	16	36.4	4	14.3	20	27.8	4.16*
Actual or pending separation	45	93.8	29	76.3	74	86	5.37*

*p<.05

Victim Vulnerability Factors between Canadian-born and Immigrant Victims

Victim vulnerability factors can increase a victim's risk of domestic homicide and of repeated violence. Several variables related to the victim vulnerability factors were examined between the Canadian-born victim and immigrant victim groups. Independent chi-square tests and independent t-tests were conducted and statistically significant relationships were found for three variables.

Social Isolation. A chi-square comparison was used to determine if a relationship existed between a victim's experience of social isolation and whether the victim was an immigrant or Canadian-born. A significant relationship was found X^2 (1) = 12.94, p < .001. Of the victims in the immigrant group, 76.2% (n = 16) had experienced social isolation prior to their homicide, whereas in the Canadian-born population, only 26.5% (n = 9) of the victims had experienced

social isolation. Interestingly, there was no significant difference between perpetrators isolating victims in the Canadian-born or in the immigrant group, $X^2(1) = .025$, p>.05. Both Canadian-born perpetrators (42.6%, $n = 20$) and immigrant perpetrators (44.4%, $n = 12$) isolated their victims. Furthermore, there was no significant difference between Canadian-born and immigrant perpetrators in regard to controlling their victims on a daily basis, $X^2(1) = .162$, $p>.05$, as both Canadian-born perpetrators (51.1%, $n = 23$) and immigrant perpetrators (46.2%, $n = 12$) controlled their victims at similar rates.

Victim Fear/Mistrust of the Justice System. Chi-square analyses revealed expected frequencies that were too low, therefore a Fischer's exact test was performed to account for the small sample size. Statistical analysis revealed that there was significant difference between Canadian-born and immigrant victims, with 57.1% ($n = 4$) of victims in the immigrant group experiencing fear and/or mistrust of the justice system, whereas only 2.3% ($n = 1$) of victims in the Canadian-born group experiencing fear and/or mistrust of the justice system ($P = .001$, Fischer's exact test). Notably, there was no significant difference in the presence of police reports in Canadian-born or immigrant cases, $X^2(1) = .059$, $p > .05$, as Canadian-born cases (50%, $n = 24$) and immigrant cases (47.4%, $n = 18$) did not significantly differ in the presence of police reports. Furthermore, there was no significant difference in regard to police contacts between Canadian-born victims and immigrant victims, $X^2(1) = .06$, $p > .05$, with Canadian-born victims (50%, $n = 25$) and immigrant-born victims (47.4%, $n = 18$) contacting the police at similar rates.

Total Agency Contact for Victims. There was not a significant relationship between immigrant status and the total number of agencies the victim was involved in, $X^2(1) = 1.56$, $p > .05$. Furthermore, there was no significant difference between the groups and accessing social services, including shelters or other domestic violence programs, $X^2(1) = .06$, $p > .05$. In addition,

there was no significant difference between Canadian-born victims and immigrant victims in religious community contacts, $X^2(1) = .64$, $p > .05$.

Victim Employment. There was not a significant difference between immigrant status groups and victim employment status, $X^2(1) = .066$, $p > .05$, as Canadian-born victims (20%, $n = 8$) and immigrant victims (17.6%, $n = 6$) had similar rates of unemployment, with Canadian-born victims having slightly higher rates of unemployment.

Victim Mental Health. Significant differences were found between the immigrant status groups and victim mental health issues. There was a significant difference in a depression diagnosis between the two groups, $X^2(1) = 6.65$, $p < .05$. Canadian-born victims were significantly more likely to have a depression diagnosis (28.6%, $n = 12$) compared to immigrant victims (3.7%, $n = 1$). In addition, Canadian-born victims were more likely to have others, including friends and family, suspect depression, (35.7%, $n = 15$) compared to immigrant victims (7.4%, $n = 2$). This difference was statistically significant, $X^2(1) = 7.09$, $p < .05$. Significant differences were found between the groups regarding victim mental health counselling, $X^2(1) = 4.85$, $p < .05$. Canadian-born victims were significantly more likely to have had counselling (70.6%, $n = 24$) compared to immigrant victims (41.7%, $n = 10$). Furthermore, the groups significantly differed in regards to accessing prior mental health treatment, $X^2(1) = 11.83$, $p < .01$. Canadian-born victims were significantly more likely to have accessed prior mental health treatment (47.4%, $n = 18$) compared to immigrant victims (7.4%, $n = 2$).

Victim Language Barriers. Chi-square analyses revealed expected frequencies that were too low, therefore a Fischer's exact test was performed to account for the small sample size. Statistical analysis revealed that there was significant difference between Canadian-born and

immigrant victims, $p < .001$, as immigrant victims were more likely to not be fluent in English (77%, $n = 7$) compared to Canadian-born victims (0%, $n = 0$).

Victim Cultural Barriers. A Fischer's exact test was performed to account for the small sample size and statistical analysis revealed that there was significant difference between Canadian-born and immigrant victims, $p < .001$, as immigrant victims were more likely to experience cultural barriers (83.3%, $n = 5$) compared to Canadian-born victims ($n = 0$). However, there was no significant difference between Canadian-born (44.4%, $n = 16$) and immigrant victims (54.5%, $n = 12$) in regards to perpetrator's misogynistic attitudes $X^2(1) = .56$, $p > .05$

Characteristics of the Recent and Non-Recent Immigrant Population

Factors that have been shown in the literature to differ between recent and non-recent immigrant victims were tested.

History of Domestic Violence. There was not a significant difference between recent and non-recent immigrants in experiencing a history of domestic violence $X^2(1) = .294$, $p > .05$, as recent immigrants (84.6%, $n = 11$) and non-recent immigrants (91.7%, $n = 11$) experienced similar rates of past violence.

Total Number of Risk Factors. An independent t-test was conducted to assess whether there was a significant difference in the amount of risk factors present in the cases according to length of residency in Canada. Cases in the recent immigrant group had a mean of 11.15 risk factors ($SD = 3.60$), while cases in the non-recent immigrant group had a mean of 10.17 risk factors ($SD = 6.06$). but were not significantly different.

Police Reporting. There was no significant difference between recent and non-recent immigrant groups in regarding to police contacts, $X^2(1) = .042$, $p > .05$, as recent immigrants

(46.7%, *n* =7) and non-recent immigrants (42.9%, *n* = 6) experienced similar rates of engaging with police.

Social Services. Cell sizes were too small for chi square analyses. Instead, the Fisher exact test revealed there was no significant difference between recent and non-recent immigrant groups in social service utilization, $p > .05$.

Victim Language Barrier. Cell sizes were too small for chi square analyses. Again, the Fisher exact tests revealed no significant differences between recent and non-recent immigrant for victim language barriers, $p > .05$.

Regional Characteristics of the Immigrant Population

As observed in Table 4, immigrant domestic homicide victims were represented across all six low and middle-income regions, designated by the World Health Organization (WHO, 2013), with the largest proportion of immigrant victims being born in Europe (14.8%, *n* = 13).

Table 4
Immigrant Victim Source Region based on WHO Global Regions, N = 88

WHO Region	Frequency	Percent
High Income, *n* = 50		
Canada	50	56.8
Low and Middle Income, *n* = 38	38	43.2
Africa	2	2.3
Americas	7	8.0
Eastern Mediterranean	2	2.3
Europe	13	14.8
South-East Asia	8	9.1
Western Pacific	6	6.8

Discussion

The purpose of the current study was to address the following overarching question: Do immigrant victims encounter unique barriers that impact their inclination to stay in an abusive relationship, thereby increasing their vulnerability of domestic homicide, compared to Canadian-born victims? Several findings that pertained to this question were revealed in the study. For instance, it was found that immigrant victims experienced higher rates of social isolation, lower rates of depression diagnoses, and were more likely to have language barriers. Furthermore, comparing cases involving Canadian-born perpetrators with Canadian-born victims and cases involving immigrant perpetrators and immigrant victim, the immigrant cases were less likely to be separated and were less likely to be in a common-law relationship.

Consistent with most violent crime rates in Canada, incidents of police reported domestic violence have decreased over time (Statistics Canada, 2015), with research indicating that rates of domestic violence in immigrant communities are not higher than other populations (Rossiter et al., 2017). Specifically, in the past twenty years, overall rates of domestic homicide decreased from 5.18 intimate partner homicides per million in the population in 1993 to approximately 2.31 intimate partner homicides per million in the population in 2013 (Statistics Canada, 2015). These declines can be attributed to numerous factors, including life-saving advances in emergency medicine that treat victims of violence, an aging population, increased economic freedom for women, heightened public awareness regarding domestic violence, improved training for court officials and police officers, increased shelter and/or social service options for victims, and more treatment programs for perpetrators.

Despite these developments in the field of domestic violence, the findings from the current study reflect many of the themes addressed in the initial literature review. In particular, it

appears that immigrant and refugee women in Ontario face unique risk factors that pose as barriers to reporting and seeking help, thereby rendering them vulnerable to incidents of domestic homicide. Since the presence of immigrant women are increasing in many countries around the world (Menjivar & Salcido, 2002), with Statistics Canada estimating that immigrants could represent up to 30% of all Canadians by 2036 (Statistics Canada Census, 2016), identifying the risk factors and unique barriers facing immigrant victims is crucial to advance the work of the domestic homicide prevention movement.

The study utilized a retrospective case analysis to investigate risk factors for domestic homicide in immigrant populations. The purpose of the study was to compare the 40 frequently cited risk factors (DVDRC, 2015) and the victim vulnerability factors between Canadian-born and immigrant couples. Through this comparison, this study aimed to identify whether unique characteristics of domestic homicide would emerge from the immigrant group. Quantitative data as well as case summaries were made available from the Domestic Violence Death Review Committee database.

Based on previous literature framed with an intersectional feminist model, the following research question was asked: Do immigrant victims experience any unique risk factors or vulnerabilities relative to Canadian-born victims? With this question, the intersectional feminist theoretical framework, and past literature in mind, several hypotheses were put forth for this study. In general, it was hypothesized that immigrant victims would encounter institutional, structural, and cultural barriers that were expected to result in specific findings. It was predicted that immigrant cases would involve significantly more of the established DVDRC 40 risk factors per case compared to the Canadian-born group. From this same group of 40 risk factors, it was predicted that the top 10 most frequent risk factors would differ between the two groups, with

incidents of separation and living common-law occurring more frequently for Canadian-born couples. Hypotheses were also developed for the victim vulnerability factors. It was predicted that victim social isolation, fear of the justice system, and language barriers would occur more frequently in the immigrant cases, whereas Canadian-born cases would have more contact with police and legal services. Hypotheses were also described for recent and non-recent immigrant victims, and it was predicted that recent immigrants would have less DVDRC risk factors and more language and cultural barriers compared to non-recent immigrants.

Results from the study were consistent with several hypotheses (see Table 5 for a summary of findings). As predicted there were several significant differences between domestic homicide risk factors in Canadian-born populations compared to immigrant populations. Canadian-born cases were more likely to be separated, more likely to be in a common-law relationship, and Canadian-born victims had significantly higher rates of a depression diagnosis compared to immigrant victims. Immigrant victims experienced higher rates of social isolation and were more likely to experience language barriers compared to Canadian-born victims. Contrary to the hypotheses however, immigrants did not experience more of the DVDRC 40 risk factors compared to Canadian-born individuals, nor did they have less contact with police and legal services.

Table 5
Similarities and Differences Between Canadian-born and Immigrant Populations

Canadian-born Cases	**Immigrant Cases**
Equivalent Number of DVDRC Risk Factors Present	Equivalent Number of DVDRC Risk Factors Present
More likely to be separated	Less likely to be separated
More likely to be in a common-law relationship	Less likely to be in a common-law relationship
Lower rates of victim social isolation	Higher rates of victim social isolation
Equivalent Agency contact for victim	Equivalent Agency contact for victim
Equivalent Perpetrator Unemployment Rates	Equivalent Perpetrator Unemployment Rates
Equivalent Victim Employment Rates	Equivalent Victim Employment Rates
Higher rates of victim diagnosed with depression	Lower rates of victim diagnosed with depression
Less likely for victim to have language barriers	More likely for victim to have language barriers

Relevance to the Literature

Established Risk Factors between Immigrant & Canadian-born Populations. Research indicates that the majority of domestic homicide cases involve common factors, such as having a woman as a victim, a history of domestic violence in the relationship, and that the homicide occurs while a couple is undergoing an actual or pending separation (Kropp, 2008; DVDRC, 2015). Although the majority of the top 10 established risk factors were equally present in both the Canadian-born and immigrant populations, the two groups differed in regard to the actual or pending separation risk factor. For this particular risk factor, Canadian-born homicide cases were more likely than immigrant homicide cases to involve incidents of separation. This finding aligns with previous research around the demographic profile of some immigrant communities that adopt traditional gender norms informed by conservative patriarchal cultures. In such communities, separation is often discouraged.

Interestingly, the total number of risk factors, based on the 40 established DVDRC risk factors (DVDRC, 2015), did not differ between the groups. This could be rationalized in a

number of ways; one of which includes the notion that perhaps the concept of domestic violence and domestic homicide supersedes the superficial divide of 'culture.' Indeed, if domestic homicide and violence is viewed as a byproduct of a patriarchal society, one in which the domination of women by men is internalized by the majority of individuals and embedded in a larger social fabric, it may be fair to state that violence against women transcends cultural differences and is a product of a global patriarchal reality. The consequences of such reality could be just as prevalent in Western countries such as Canada, as it is within more conservative cultures adopted by immigrants from the Global South. Perhaps an equally probable explanation involves the idea that while immigrant cases do not have significantly more of the established DVDRC risk factors, they may experience vulnerabilities that have not yet been captured by traditional tools for risk assessment. The author is tempted to argue that either of these arguments are valid, and that in all likelihood, both explanations contribute to this finding.

Victim Vulnerability Variables between Immigrant & Canadian-born Populations. As previously outlined, a victim may be considered particularly vulnerable due to specific characteristics and/or life circumstances that increase a victim's exposure to, and risk of, domestic violence or domestic homicide. These victim vulnerability factors (Watt, 2008; Fitzgerald et al., 1994) increase victims' risk by increasing the likelihood that they will partake in a relationship with a violent individual, prevent the victims from perceiving risks, and/or decreasing the likelihood that they will take protective action (Watt, 2008). Not to be conflated with victim blaming, victim vulnerability factors provide a framework to address the complex reasons why a victim may remain in an abusive partnership.

Previous research indicates that certain victim vulnerability factors are relevant to immigrant victims of violence. These factors include social isolation, language and/or cultural

barriers, a general mistrust of social services, the police, and the judicial system, the internalization of masculine gender role stereotypes and culturally conservative beliefs, and victim mental health issues associated with domestic violence (Bauer et al., 2000; Brownridge & Halli, 2002; Kim & Sung, 2016; Keller & Brennan, 2007; Latta & Goodman, 2005; Sokoloff & Pearce. 2011; Edelstein, 2013; Fuchsel et al., 2012; Midlarsky et al., 2006). These victim vulnerability factors are often interrelated, particularly when assessing immigrant victims who have multiple intersecting, and at times juxtaposing, identities.

As expected, immigrant victims were more likely to be socially isolated compared to Canadian-born victims. Since social isolation refers to a victim having a minimal social network, it makes sense that women who are residing in a new country, who may be part of a traditional culture that internalizes patriarchal norms, and who may be experiencing issues with language fluency, would be isolated from larger Canadian society. This finding is consistent with the literature involving immigrant victims and social isolation (Bui, 2003; Keller & Brennan, 2007)

Another expected finding involved the increased prevalence of language barriers amongst immigrant victims compared to Canadian-born victims. Indeed, research demonstrates that the most common barrier for help-seeking behaviours amongst immigrant women involves the inability to speak to a service provider in English (Keller & Brennan, 2007), a finding that has been found across numerous immigrant communities (Bui, 2003; Keller & Brennan, 2007). Such limitations in language abilities often prevent immigrant victims from reporting to police and social services, and from finding employment that can provide the socio-economic means for victims to leave an abusive partner (Hass, Dutton & Orloff, 2000). This issue of language barriers is intricately tied to social isolation, and contributes to the overall experience of

immigrant victims being unaware of their legal and human rights within their host country. All of these factors contribute to increased vulnerability and dependence on an abusive partner.

Although the finding that increased language barriers exist at a higher rate for immigrant victims compared to Canadian-born victims is an understandable, and some might say obvious conclusion, a less clear finding from the current study involved the hypothesis that immigrant victims would be more distrustful of the justice system. Statistically, this finding occurred as expected, with more immigrant victims distrusting the justice system compared to Canadian-born victims. This result aligns with research measuring levels of distrust for the justice system amongst U.S. immigrants from diverse communities (Pan et al., 2006; Latta & Goodman, 2005). Surprisingly however, there were no significant differences in the presence of police reports or in the involvement of police contacts between Canadian-born and immigrant victims, and it was found that neither the presence of police reports nor police contacts were correlated with victims' fear or mistrust with the justice system.

One possible explanation for these seemingly opposing findings may involve the presence of survivor mode and the fight or flight response. The fear of further violence and death may transcend notions of institutional distrust, particularly if a victim is concerned about the safety of her life or that of her child. As previously noted, there is Canadian-based research which indicates that while racial minorities are more likely than Caucasians to perceive discrimination within the justice system, these racial differences are not accounted for by immigration status (Wortley & Owusu-Bempah, 2009). Indeed, Wortley & Owusu-Bempah (2009) also found that recent immigrants to Canada reported the most positive attitudes towards the justice system, although this decreased over time. Another potential explanation for this specific finding is that the involvement of police reports and police contacts could be a function

of third party reporting. This could include a neighbor, friend, or colleague who contacted the police with or without the knowledge of the victim. To gain a clearer understanding of this finding, more research is needed to unpack the relationship between institutional trust and service utilization. Another possible interpretation is that the mistrust of the justice system variable could instead be measuring another closely related phenomenon, such as collateral consequences of calling the police, impacting one's citizenship.

A final key finding that pertained to the victim vulnerability variables involved culturally informed gender roles. As expected, immigrant victims experienced significantly more cultural barriers compared to Canadian-born victims. As noted in the literature, cultural factors framed by patriarchal ideologies may include beliefs regarding gender role expectations and norms pertaining to separation (Keller & Brennan, 2007) and these internalized beliefs appear to impact immigrant victims' help-seeking behaviours. This reflects findings in the literature, as the notion that patriarchal gender norms discourage victims from help seeking is prevalent in research involving immigrant women from a variety of immigrant communities (Edelstein, 2013; Hyman et al., 2011; Shalabi et al., 2015). Interestingly, the measure of a specific gender-based norm in the current dataset, reflected by the 'misogynistic attitudes' variable, was not significantly different between the two groups, although immigrant groups did have a higher frequency of reported cases. This finding may reflect the previously identified notion that the unequal treatment of women by men is internalized by individuals in both the Global North and the Global South. As such, these patriarchal, discriminatory, and gender-based attitudes appear to transcend one's country of origin, reflecting a global, systematic obstacle.

The importance of adopting an intersectional feminist framework, and considering the multiple factors impacting immigrant victim vulnerability, becomes particularly relevant when reviewing the following case summary taken from (p.31) the DVDRC Annual Report (2012).

> This case involved the homicide of a 47-year old female by her 50-year old ex-husband whom she recently divorced. The perpetrator had known psychiatric issues; however, there was no significant assessment of the risk he posed to his former spouse and/or children. Cultural stresses were identified as a significant factor in the relationship between the perpetrator and his wife and children. In addition, the perpetrator had prior involvement with the criminal justice system, and had been released on bail subject to certain conditions. The perpetrator did not get along with the older daughter and fought with her often, blaming her for the breakdown of his marriage with the victim. He was very unhappy with the older daughter's lack of adherence to his traditional cultural values, and her insistence on more freedom to follow western societal practices. The victim went to the couple's former family home to advise the perpetrator that he had to vacate the premises where he was now living. He had previously agreed to move out of the residence by this date, but had not yet done so.*

In this case, several intersecting factors are relevant to consider when assessing the risk of domestic homicide. For instance, consistent with the established common risk factor of actual or pending separation, this case involved the recent filing of divorce by the victim. Of relevance to cultural considerations, the separation was not safe, as the perpetrator was residing in the couple's former residence. Furthermore, the frustration embedded in the relationship involved cultural conflicts between traditional conservative norms and the social norms of the host country. This phenomenon, referred to as bicultural conflict and socialization, is often a

mediating variable in relation to issues of stress and coping (Stroink & Lalonde, 2009). The presence of mental health issues is also relevant in this case. Although it involves the perpetrator, cultural norms and stigma regarding mental illness may have an impact regarding treatment follow-up. Taken together, these factors appeared to compound the risk of domestic homicide, as the victim in this case was stabbed multiple times after confronting her ex-husband.

Limitations

To avoid overgeneralizing the findings from this study, the limitations should be addressed. Firstly, this study utilized secondary data from a retrospective case-based dataset that used homicide reports and interviews to identify the presence of risk factors. This type of data source and research design can be susceptible to biases and errors in reporting due to the over reliance of individual interpretation when coding for the presence of variables. Furthermore, as with any retrospective analysis, or correlational based research endeavour, it is difficult to draw causal and/or directional conclusions. As such, it is crucial to frame the findings from this study with cautious language, and refrain from drawing definite conclusions from the results.

Secondly, a major limitation for this study involved a small sample size and instances of missing data; one made smaller by certain exclusionary criteria. This sample consisted of 88 cases, with 50 cases involving both a Canadian-born perpetrator and victim, as well as 38 cases involving an immigrant perpetrator and victim. This small sample size may not be large enough to provide enough information about the differences between Canadian and immigrant victims of domestic violence, and therefore the findings of this study may not be generalizable, particularly for the comparisons between recent and non-recent immigrants. Furthermore, same-sex couples and cases involving female perpetrators and male victims were removed from the study to be consistent with past literature in the field. Excluding these cases may have omitted important

information that could have added to the complexities of the immigrant identity and its relationship with domestic violence.

A third limitation for the study pertains to the categorization of the immigrant group. Immigrants are a diverse, heterogeneous group, with the current sample including representation from all six low and middle-income regions identified by the World Health Organization as well as representation from Canada for the high-income region (WHO, 2013). Due to the myriad of languages, religions, cultures, and ethnicities represented by these regions, it is safe to assume that there were several differences within the immigrant group in and of itself. At the same time however, examining the multitude of immigrant experiences as a single category leads to a sustained examination of different migrant experiences based on comparative reasoning; a form of investigation that Menjivar & Salcido (2002) advocated for when conducting their own research on the nexus of domestic violence and immigration.

Future Research

The current study serves as springboard for future research on the intersection between domestic violence and immigration. Future research should aim to utilize a larger, national sample to gain further insight on Canadian trends. Another area of research to consider involves breaking down domestic violence and domestic homicide trends based on region of origin to gain a more nuanced understanding of the role of culture in such cases of violence. Furthermore, as the current study excluded cases where an immigrant victim or an immigrant perpetrator were paired with a Canadian perpetrator or a Canadian victim, future research should include these cases examples. Lastly, same-sex couples and female perpetrators should be examined and given focused attention in research to understand the unique dynamics that may occur in such cases of domestic violence and domestic homicide.

Implications

The findings of this study on domestic violence and domestic homicide risk factors in immigrant victims utilizing a diverse sample from Ontario, Canada, has several implications towards risk assessment, risk management and safety planning. From a risk assessment standpoint, research has previously shown that there may be unique risk factors for repeated violence in immigrant and refugee populations. This study affirms previous research findings and adds to the literature by comparing immigrant homicide cases in Ontario to the homicides of victims born in Canada. By revealing trends that already exist in the literature with this particular sample, this study adds credence to the notion that immigrant victims encounter additional barriers that may increase their vulnerability to domestic violence and domestic homicide. As such, the findings from this study support the continued development, use, and research endeavours involving recently developed, culturally-specific domestic violence risk assessment tools, such as the Four Aspect Screening Tool (FAST) (Baobaid, 2010**)** and the Danger Assessment for Immigrant Women (DA-I) (Messing, Amanor-Boadu, Cavanaugh, Glass, & Campbell, 2013).

Although this study focused on victims, the results are relevant for the risk management of perpetrators. In particular, the finding that immigrant cases were less likely to be in a common law relationships and less likely to be separated compared to Canadian-born cases. These results reveal that immigrant couples may have slightly different social dynamics and/or cultural norms which service providers can consider when working with perpetrators. Considering factors such as the wife still living in the home with the perpetrators despite the abuse can have practical implications to counselling male perpetrators.

This study also has implications for safety planning, reflecting previous findings that safety planning for immigrant and refugee populations requires addressing language barriers and culturally-specific needs. For instance, the findings from this study supports the claim that safety planning for immigrants should include strategies that increase victim's safety in the context of staying with their abusers in their place of residence (Rossiter et al., 2017). Furthermore, this study demonstrated that considering victim social isolation is a crucial factor in protecting immigrant women from domestic homicide. Therefore, collaborating with providers who already engage with immigrant women, such as health care workers, could increase the awareness for safety planning resources amongst immigrant communities. Furthermore, collaborating with cultural and religious organizations, as well as settlement agencies, could help encourage victims who are otherwise isolated from the community to engage with the community at large.

In addition to risk assessment and safety planning for victims, this study also has several ethical implications. Specifically, it would be necessary for policy makers to ensure that culturally specific risk assessment tools that are meant to assist immigrant/refugee women in safety planning do not simultaneously discriminate against potential perpetrators based on immigrant status or cultural background. Risk assessment tools for Canadian-born and immigrant victims and perpetrators should be cautious to not reflect cultural stereotypes or perpetuate discriminatory attitudes and practices. Thus, when considering the findings of this study, it is crucial to assess the results in the context of civil liberties.

The findings of this study may also have important educational implications. Current risk assessment procedures for domestic homicide often focus on high frequency factors that occur in Canadian-born cases, such as the presence of a history of domestic violence in the relationship and whether the couple is undergoing a separation process. Since the findings revealed that there

are different risk factors that occur more frequently in immigrant cases, such as victim social isolation and victim mistrust of the justice system, this may serve to educate assessors who screen for the presence of domestic violence in a household as well as support workers who help victims transition to safety.

Conclusion

Utilizing a diverse sample from the Ontario DVDRC, the current study sought to address the following question: Do immigrant victims, compared to Canadian-born victims, encounter barriers that impact their decision to stay in an abusive relationship, thereby increasing their vulnerability of domestic homicide? Through the analyses of 88 cases that encompassed both Canadian-born and immigrant victims, it was revealed that immigrant victims do experience unique barriers in the context of abusive relationships that impact their vulnerability to experiencing domestic violence and homicide. Consistent with the literature, these findings revealed that immigrant victims were less likely to be separated, less likely to be in a common-law partnership and less likely to be diagnosed with depression compared to Canadian-born victims of domestic homicide. Furthermore, the findings revealed that immigrant victims were more likely to experience language barriers, cultural barriers, mistrust the justice system, and experience social isolation. In order to combat against the rates of domestic violence and domestic homicide in immigrant communities, it is pertinent that these findings be considered and further tested to develop culturally competent risk assessment, risk management and safety planning strategies that address the unique needs of immigrant Canadian victims.

Beyond the significant differences between immigrants and Canadians noted by this study, the findings also revealed several striking commonalities between both communities. Variables such as the number of established risk factors, perpetrator unemployment rates, victim

agency contacts, victim employment rates, and the presence of misogynistic attitudes in violent relationships, all occurred at similar rates across both immigrant and Canadian domestic homicide cases. These results suggest that victims of domestic violence and domestic homicide are more alike than they are different. As such, *any* progress in research, policy, and service delivery that focuses on immigrant and refugee populations will likely benefit Canadian-born victims as well. To continue to progress in this work, advocates must continue to push forward in establishing risk assessment, risk management, and safety planning resources that will protect Canadian victims, while critically considering the specific factors that impact vulnerable victims like immigrants and refugees. Through such sustained efforts, it is this author's hope that immigrant victims of domestic violence will be able to overcome the multitude of barriers that prevent them from seeking support; that they will not only conquer the myriad of obstacles facing all domestic violence victims, but also the barriers that they face by virtue of their positioned identity.

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Appendix A

Domestic Violence Death Review Committee
Office of the Chief Coroner of Ontario
Data Summary Form

OCC Case #(s): OCC Region: Central
OCC Staff: _____

Lead Investigating Police Agency:

Officer(s):

Other Investigating Agencies: _
Officers: __

VICTIM INFORMATION

****If more than one victim, this information is for primary victim (i.e. intimate partner)**

Name

Gender	
Age	
DOB	
DOD	
Marital status	
Number of children	
Pregnant	
If yes, age of fetus (in weeks)	
Residency status	
Education	
Employment status	
Occupational level	
Criminal history	
If yes, check those that apply…	___Prior domestic violence arrest record

	___Arrest for a restraining order violation ___Arrest for violation of probation ___Prior arrest record for other assault/harassment/menacing/disturbance ___Prior arrest record for DUI/possession ___Juvenile record
	___Total # of arrests for domestic violence offenses ___Total # of arrests for other violence offenses ___Total # of arrests for non-violent offenses ___Total # of restraining order violations ___ Total # of bail condition violations ___ Total # of probation violations
Family court history	
If yes, check those that apply…	___Current child custody/access dispute ___Prior child custody access/dispute ___Current child protection hearing ___Prior child protection hearing ___No info
Treatment history	
If yes, check those that apply…	___Prior domestic violence treatment ___ Prior substance abuse treatment ___Prior mental health treatment

	___Anger management ___Other – specify _____ ___No info
Victim taking medication at time of incident	
Medication prescribed for victim at time of incident	
Victim taking psychiatric drugs at time of incident	
Victim made threats or attempted suicide prior to incident	
Any significant life changes occurred prior to fatality?	
Describe:	
Subject in childhood or Adolescence to sexual abuse?	
Subject in childhood or adolescence to physical abuse?	
Exposed in childhood or adolescence to domestic violence?	

-- END VICTIM INFORMATION --

PERPETRATOR INFORMATION

****Same data as above for victim**

Gender	
Age	
DOB	
DOD	
Marital status	
Number of children	
Pregnant	
If yes, age of fetus (in weeks)	
Residency status	
Education	
Employment status	
Occupational level	
Criminal history	
If yes, check those that apply…	___Prior domestic violence arrest record ___Arrest for a restraining order violation ___Arrest for violation of probation ___Prior arrest record for other assault/harassment/menacing/disturbance ___Prior arrest record for DUI/possession ___Juvenile record
	___Total # of arrests for domestic violence offenses

	___Total # of arrests for other violent offenses ___Total # of arrests for non-violent offenses ___Total # of restraining order violations ___ Total # of bail condition violations ___ Total # of probation violations
Family court history	
If yes, check those that apply…	___Current child custody/access dispute ___Prior child custody access/dispute ___Current child protection hearing ___Prior child protection hearing ___No info
Treatment history	
If yes, check those that apply…	___Prior domestic violence treatment ___ Prior substance abuse treatment ___Prior mental health treatment ___Anger management ___Other – specify _____ ___No info
Victim taking medication at time of incident	
Medication prescribed for victim at time of incident	
Victim taking psychiatric drugs at time of incident	

Victim made threats or attempted suicide prior to incident	
Any significant life changes occurred prior to fatality?	
Describe:	
Subject in childhood or Adolescence to sexual abuse?	
Subject in childhood or adolescence to physical abuse?	
Exposed in childhood or adolescence to domestic violence?	

INCIDENT

Date of incident	
Date call received	
Time call received	
Date of death	
Incident type	
Incident reported by	
Total number of victims ****Not including perpetrator if suicided**	
Who were additional victims aside from perpetrator?	
Others received non-fatal injuries	
Perpetrator injured during incident?	
Who injured perpetrator?	

Location of crime

Location of incident	
If residence, type of dwelling	
If residence, where was victim found?	

Cause of Death (Primary Victim)

Cause of death	
Multiple methods used?	
If yes be specific …	
Other evidence of excessive violence?	
Evidence of mutilation?	
Victim sexually assaulted?	
If yes, describe (sexual assault, sexual mutilation, both)	
Condition of body	
Victim substance use at time of crime?	
Perpetrator substance use at time of crime?	

Weapon Use

Weapon use	
If weapon used, type	

If gun, who owned it?	
Gun acquired legally?	
If yes, when acquired?	
Previous request for gun to be surrendered/destroyed?	
Did court ever order gun to be surrendered/destroyed?	

Witness Information

Others present at scene of fatality (i.e. witnesses)?	
If children were present:	
What intervention occurred as a result?	

Perpetrator actions after fatality

Did perpetrator attempt/commit suicide following the incident?	
If committed suicide, how?	
Did suicide appear to be part of original homicide?	
How long after the killing did suicide occur?	
Was perpetrator in custody when attempted or committed suicide?	
Was suicide note left? If yes, was precipitating factor identified?	

Describe:	
If perpetrator did not commit suicide did s/he leave scene? If perpetrator did not commit suicide, where was s/he arrested/apprehended?	
How much time passed between he fatality and the arrest of the suspect:	

-- END INCIDENT INFORMATION --

VICTIM/PERPETRATOR RELATIONSHIP HISTORY

Relationship of victim to perpetrator	
Length of relationship	
If divorced, how long?	
If separated, how long?	
If separated more than a month, list # of months	

Did victim begin relationship with a new partner?	
If not separated, was there evidence that a separation was imminent?	
Is there a history of separation in relationship?	
If yes, how many previous separations were	

there?	
If not separated, had victim tried to leave relationship	
If yes, what steps had victim taken in past year to leave relationship? (Check all that apply?)	**____**Moved out of residence ____Initiated defendant moving out ____Sought safe housing ____Initiated legal action ____Other-specify

Children Information

Did victim/perpetrator have children in common?	
If yes, how many children in common?	
If separated, who had legal custody of children?	
If separated, who had physical custody of children at time of incident?	
Which of the following best describes custody agreement?	
Did victim have children from previous relationship?	
If yes, how many?	**(Indicate #)**

History of domestic violence

Were there prior reports of domestic violence in this relationship?

Type of Violence? **(Physical, other)** _____

If other describe: _____

_____

_____

If yes, reports were made to: (Check all those that apply)

____ Police

____ Courts

____ Medical

____ Family members

____ Clergy

____ Friends

____ Co-workers

____ Neighbors

____ Shelter/other domestic violence program

____ Family court (during divorce, custody, restraining order proceedings)

____ Social services

____ Child protection

____ Legal counsel/legal services

____ Other – specify _____

Historically, was the victim usually the perpetrator of abuse? _____

If yes, how known? _____
Describe: _____

_____
_____

Was there evidence of escalating violence?

If yes, check all that apply:

____ Prior attempts or threats of suicide by perpetrator

____ Prior threats with weapon

____ Prior threats to kill

____ Perpetrator abused the victim in public

____ Perpetrator monitored victim's whereabouts

____ Blamed victim for abuse

____ Destroyed victim's property and/or pets

____ Prior medical treatment for domestic violence related injuries reported

____ Other – specify _____

-- END VICTIM-PERPETRATOR RELATIONSHIP INFORMATION --

SYSTEM CONTACTS

Background

Did victim have access to working telephone? _____

Estimate distance victim had to travel to access helping resources? (KMs)

_____

Did the victim have access to transportation? _____

Did the victim have a Safety Plan? _____

Did the victim have an opportunity to act on the Plan? _____

Agencies/Institutions

Were any of the following agencies involved with the victim or the perpetrator during the past year prior to the fatality? _____

****Indicate who had contact, describe contact and outcome. Locate date(s) of contact on events calendar for year prior to killing (12-month calendar)**

Criminal Justice/Legal Assistance:

Police(Victim, perpetrator, or both)

Describe:_____
_____

Outcome:_____

Crown attorney (Victim, perpetrator, or both)

Describe:_____
_____

Outcome:_____

Defense counsel (Victim, perpetrator, or both)

Describe:_____
_____

Outcome:_____

Court/Judges (Victim, perpetrator, or both)

Describe:_____
_____

Outcome:_____

Corrections (Victim, perpetrator or both)

Describe:_____
_____

Outcome:_____

Probation (Victim, perpetrator, or both)

Describe:_____
_____

Outcome:_____

Parole (Victim, perpetrator, or both)

Describe:_____
_____

Outcome:_____

Family court (Victim, perpetrator, or both)

Describe:_____
_____

Outcome:_____

Family lawyer (Victim, perpetrator, or both)

Describe_____
_____

Outcome:_____

Court-based legal advocacy (Victim, perpetrator, or both)

Describe:_____
_____

Outcome:_____

Victim-witness assistance program (Victim, perpetrator, or both)

Describe:_____
_____

Outcome:_____

Victim Services (including domestic violence services)

Domestic violence shelter/safe house (Victim, perpetrator, or both)

Describe:_____
_____

Outcome:_____

Sexual assault program (Victim, perpetrator, or both)

Describe:_____
_____

Outcome:_____

Other domestic violence victim services (Victim, perpetrator, or both)

Describe:_____
_____

Outcome:_____

Community based legal advocacy (Victim, perpetrator, or both)

Describe:_____
_____

Outcome:_____

Children services

School (Victim, perpetrator, children or all)

Describe: (Did school know of DV? Did school provide counseling?)
_____
_____

Outcome:_____

Supervised visitation/drop off center (Victim, perpetrator, or both)

Describe:_____
_____

Outcome:_____

Child protection services (Victim, perpetrator, children, or all)

Describe:_____
_____

Outcome:_____

Health care services

Mental health provider (Victim, perpetrator, or both)

Describe:_____
_____

Outcome:_____

Mental health program (Victim, perpetrator, or both)

Describe:_____
_____

Outcome:_____

Health care provider (Victim, perpetrator, or both)

Describe:_____
_____

Outcome:_____

Regional trauma center (Victim, perpetrator, or both)

Describe:_____
_____

Outcome:_____

Local hospital (Victim, perpetrator, or both)

Describe:_____
_____

Outcome:_____

Ambulance services (Victim, perpetrator, or both)

Describe:_____
_____

Outcome:_____

Other Community Services

Anger management program (Victim, perpetrator, or both)

Describe:_____
_____

Outcome:_____

Batterer's intervention program (Victim, perpetrator, or both)

Describe:_____
_____

Outcome:_____

Marriage counselling (Victim, perpetrator, or both)

Describe:_____
_____

Outcome:_____

Substance abuse program (Victim, perpetrator, or both)

Describe:_____
_____

Outcome:_____

Religious community (Victim, perpetrator, or both)

Describe:_____
_____

Outcome:_____

Immigrant advocacy program (Victim, perpetrator, or both)

Describe:_____
_____

Outcome:_____

Animal control/humane society (Victim, perpetrator, or both)

Describe:_____
_____

Outcome:_____

Cultural organization (Victim, perpetrator, or both)

Describe:_____
_____

Outcome:_____

Fire department (Victim, perpetrator, or both)

Describe:_____
_____

Outcome:_____

Homeless shelter (Victim, perpetrator, or both)

Describe:_____
_____

Outcome:_____

-- END SYSTEM CONTACT INFORMATION --

RISK ASSESSMENT

Was a risk assessment done?

If yes, by whom?_____

When was the risk assessment done?_____

What was the outcome of the risk assessment?_____

Appendix B

Domestic Violence Death Review Committee Risk Factors

1.History of violence outside of the family by perpetrator
2.History of domestic violence
3.Prior threats to kill victim
4.Prior threats with a weapon
5.Prior assault with a weapon
6.Prior threats to commit suicide by perpetrator
7.Prior suicide attempts by perpetrator
8.Prior attempts to isolate the victim
9.Controlled most of all of victim's daily activities
10.Prior hostage-taking and/or forcible confinement
11.Prior forced sexual acts and/or assaults during sex
12.Child custody or access disputes
13.Prior destruction or deprivation of victim's property
14.Prior violence against family pets
15.Prior assault on victim while pregnant
16.Strangulation of victim in the past
17.Perpetrator was abused and/or witnessed domestic violence as a child
18.Escalation of violence
19.Obsessive behaviour displayed by perpetrator
20.Perpetrator unemployed
21.Victim and perpetrator living common-law
22.Presence of stepchildren in the home
23.Extreme minimization and/or denial of spousal assault history
24.Actual or pending separation
25.Excessive alcohol and/or drug use by perpetrator
26.Depression – in the opinion of family/friend/acquaintance – perpetrator
27.Depression – professionally diagnosed – perpetrator
28.Other mental health or psychiatric problems – perpetrator
29.Access to or possession of any firearms
30.New partner in victim's life
31.Failure to comply with authority – perpetrator
32.Perpetrator exposed to/witnessed suicidal behaviour in family of origin
33.After risk assessment, perpetrator had access to victim
34.Youth of couple (18 to 24 years of age)
35.Sexual jealousy – perpetrator
36.Misogynistic attitudes – perpetrator
37.Age disparity of couple (age difference of 9 or more years)
38.Victim's intuitive sense of fear of perpetrator
39.Perpetrator threatened and/or harmed children

Appendix C

Ontario Domestic Violence Death Review Committee Risk Factor Coding Form
(see descriptors below)

A= Evidence suggests that the risk factor was not present

P= Evidence suggests that the risk factor was present

Unknown (Unk) = A lack of evidence suggests that a judgment cannot be made

Risk Factor	Code (P, A, Unk)
1.History of violence outside of the family by perpetrator	
2. History of domestic violence	
3.Prior threats to kill victim	
4. Prior threats with a weapon	
5. Prior assault with a weapon	
6. Prior threats to commit suicide by perpetrator*	
7. Prior suicide attempts by perpetrator* (if check #6 and/or #7 only count as one factor)	
8. Prior attempts to isolate the victim	
9. Controlled most or all of victim's daily activities	
10. Prior hostage-taking and/or forcible confinement	
11.Prior forced sexual acts and/or assaults during sex	
12.Child custody or access disputes	
13. Prior destruction or deprivation of victim's	

property	
14. Prior violence against family pets	
15. Prior assault on victim while pregnant	
16. Choked victim in the past	
17. Perpetrator was abused and/or witness domestic violence as a child	
18. Escalation of violence	
19. Obsessive behavior displayed by perpetrator	
20. Perpetrator unemployed	
21. Victim and perpetrator living common-law	
22. Presence of stepchildren in the home	
23. Extreme minimization and/or denial of spousal assault history	
24. Actual or pending separation	
25. Excessive alcohol and/or drug use by perpetrator*	
26. Depression – in the opinion of family/friend/acquaintance – perpetrator*	
27.Depression – professionally diagnosed – perpetrator* (if check #26 and/or #27 only count as one factor)	
28. Other mental health or psychiatric problems – perpetrator	
29. Access to or possession of any firearms	
30. New partner in victim's life*	
31. Failure to comply with authority –	

perpetrator	
32. Perpetrator exposed to/witnessed suicidal behaviour in family of origin	
33. After risk assessment, perpetrator had access to victim	
34. Youth of couple	
35. Sexual jealousy – perpetrator*	
36. Misogynistic attitudes – perpetrator*	
37. Age disparity of couple*	
38. Victim's intuitive sense of fear of perpetrator*	
39. Perpetrator threatened and/or harmed children* Other factors that increased risk in this case? Specify:	

Appendix D

Risk Factor Descriptions

Perpetrator = The primary aggressor in the relationship
Victim = The primary target of the perpetrator's abusive/maltreating/violent actions

1. Any actual or attempted assault on any person who is not, or has not been, in an intimate relationship with the perpetrator. This could include friends, acquaintances, or strangers. This incident did not have to necessarily result in charges or convictions and can be verified by any record (e.g., police reports; medical records) or witness (e.g., family members; friends; neighbours; co-workers; counsellors; medical personnel, etc.).
2. Any actual, attempted, or threatened abuse/maltreatment (physical; emotional; psychological; financial; sexual, etc.) toward a person who has been in, or is in, an intimate relationship with the perpetrator. This incident did not have to necessarily result in charges or convictions and can be verified by any record (e.g., police reports; medical records) or witness (e.g., family members; friends; neighbours; co-workers; counsellors; medical personnel, etc.). It could be as simple as a neighbour hearing the perpetrator screaming at the victim or include a co-worker noticing bruises consistent with physical abuse on the victim while at work.
3. Any comment made to the victim, or others, that was intended to instill fear for the safety of the victim's life. These comments could have been delivered verbally, in the form of a letter, or left on an answering machine. Threats can range in degree of explicitness from "I'm going to kill you" to "You're going to pay for what you did" or "If I can't have you, then nobody can" or "I'm going to get you."
4. Any incident in which the perpetrator threatened to use a weapon (e.g., gun; knife; etc.) or other object intended to be used as a weapon (e.g., bat, branch, garden tool, vehicle, etc.) for the purpose of instilling fear in the victim. This threat could have been explicit (e.g, "I'm going to shoot you" or "I'm going to run you over with my car") or implicit (e.g., brandished a knife at the victim or commented "I bought a gun today"). Note: This item is separate from threats using body parts (e.g., raising a fist).
5. Any actual or attempted assault on the victim in which a weapon (e.g., gun; knife; etc.), or other object intended to be used as a weapon (e.g., bat, branch, garden tool, vehicle, etc.), was used. Note: This item is separate from violence inflicted using body parts (e.g., fists, feet, elbows, head, etc.).
6. Any recent (past 6 months) act or comment made by the perpetrator that was intended to convey the perpetrator's idea or intent of committing suicide, even if the act or comment was not taken seriously. These comments could have been made verbally, or delivered in letter format, or left on an answering machine. These comments can range from explicit (e.g., "If you ever leave me, then I'm going to kill myself" or "I can't live without you") to implicit ("The world would be

better off without me"). Acts can include, for example, giving away prized possessions.

7. Any recent (past 6 months) suicidal behaviour (e.g., swallowing pills, holding a knife to one's throat, etc.), even if the behaviour was not taken seriously or did not require arrest, medical attention, or psychiatric committal. Behaviour can range in severity from superficially cutting the wrists to actually shooting or hanging oneself.
8. Any non-physical behaviour, whether successful or not, that was intended to keep the victim from associating with others. The perpetrator could have used various psychological tactics (e.g., guilt trips) to discourage the victim from associating with family, friends, or other acquaintances in the community (e.g., "if you leave, then don't even think about coming back" or "I never like it when your parents come over" or "I'm leaving if you invite your friends here").
9. Any actual or attempted behaviour on the part of the perpetrator, whether successful or not, intended to exert full power over the victim. For example, when the victim was allowed in public, the perpetrator made her account for where she was at all times and who she was with. Another example could include not allowing the victim to have control over any finances (e.g., giving her an allowance, not letting get a job, etc.).
10. Any actual or attempted behaviour, whether successful or not, in which the perpetrator physically attempted to limit the mobility of the victim. For example, any incidents of forcible confinement (e.g., locking the victim in a room) or not allowing the victim to use the telephone (e.g., unplugging the phone when the victim attempted to use it). Attempts to withhold access to transportation should also be included (e.g., taking or hiding car keys). The perpetrator may have used violence (e.g., grabbing; hitting; etc.) to gain compliance or may have been passive (e.g., stood in the way of an exit).
11. Any actual, attempted, or threatened behaviour, whether successful or not, used to engage the victim in sexual acts (of whatever kind) against the victim's will. Or any assault on the victim, of whatever kind (e.g., biting; scratching, punching, choking, etc.), during the course of any sexual act.
12. Any dispute in regards to the custody, contact, primary care or control of children, including formal legal proceedings or any third parties having knowledge of such arguments.
13. Any incident in which the perpetrator intended to damage any form of property that was owned, or partially owned, by the victim or formerly owned by the perpetrator. This could include slashing the tires of the car that the victim uses. It could also include breaking windows or throwing items at a place of residence. Please include any incident, regardless of charges being laid or those resulting in convictions.
14. Any action directed toward a pet of the victim, or a former pet of the perpetrator, with the intention of causing distress to the victim or instilling fear in the victim. This could range in severity from killing the victim's pet to abducting it or torturing it. Do not confuse this factor with correcting a pet for its undesirable behaviour.
15. Any actual or attempted form physical violence, ranging in severity from a push or slap to the face, to punching or kicking the victim in the stomach. The key

difference with this item is that the victim was pregnant at the time of the assault and the perpetrator was aware of this fact.

16. Any attempt (separate from the incident leading to death) to strangle the victim. The perpetrator could have used various things to accomplish this task (e.g., hands, arms, rope, etc.). Note: Do not include attempts to smother the victim (e.g., suffocation with a pillow).
17. As a child/adolescent, the perpetrator was victimized and/or exposed to any actual, attempted, or threatened forms of family violence/abuse/maltreatment.
18. The abuse/maltreatment (physical; psychological; emotional; sexual; etc.) inflicted upon the victim by the perpetrator was increasing in frequency and/or severity. For example, this can be evidenced by more regular trips for medical attention or include an increase in complaints of abuse to/by family, friends, or other acquaintances.
19. Any actions or behaviours by the perpetrator that indicate an intense preoccupation with the victim. For example, stalking behaviours, such as following the victim, spying on the victim, making repeated phone calls to the victim, or excessive gift giving, etc.
20. Employed means having full-time or near full-time employment (including self-employment). Unemployed means experiencing frequent job changes or significant periods of lacking a source of income. Please consider government income assisted programs (e.g., O.D.S.P.; Worker's Compensation; E.I.; etc.) as unemployment.
21. The victim and perpetrator were cohabiting.
22. Any child(ren) that is(are) not biologically related to the perpetrator.
23. At some point the perpetrator was confronted, either by the victim, a family member, friend, or other acquaintance, and the perpetrator displayed an unwillingness to end assaultive behaviour or enter/comply with any form of treatment (e.g., batterer intervention programs). Or the perpetrator denied many or all past assaults, denied personal responsibility for the assaults (i.e., blamed the victim), or denied the serious consequences of the assault (e.g., she wasn't really hurt).
24. The partner wanted to end the relationship. Or the perpetrator was separated from the victim but wanted to renew the relationship. Or there was a sudden and/or recent separation. Or the victim had contacted a lawyer and was seeking a separation and/or divorce.

25. Within the past year, and regardless of whether or not the perpetrator received treatment, substance abuse that appeared to be characteristic of the perpetrator's dependence on, and/or addiction to, the substance. An increase in the pattern of use and/or change of character or behaviour that is directly related to the alcohol and/or drug use can indicate excessive use by the perpetrator. For example, people described the perpetrator as constantly drunk or claim that they never saw him without a beer in his hand. This dependence on a particular substance may have impaired the perpetrator's health or social functioning (e.g., overdose, job loss, arrest, etc). Please include comments by family, friend, and acquaintances that are indicative of annoyance or concern with a drinking or drug problem and any attempts to convince the perpetrator to terminate his substance use.

26. In the opinion of any family, friends, or acquaintances, and regardless of whether or not the perpetrator received treatment, the perpetrator displayed symptoms characteristic of depression.
27. A diagnosis of depression by any mental health professional (e.g., family doctor; psychiatrist; psychologist; nurse practitioner) with symptoms recognized by the DSM-IV, regardless of whether or not the perpetrator received treatment.
28. For example: psychosis; schizophrenia; bi-polar disorder; mania; obsessive-compulsive disorder, etc.
29. The perpetrator stored firearms in his place of residence, place of employment, or in some other nearby location (e.g., friend's place of residence, or shooting gallery). Please include the perpetrator's purchase of any firearm within the past year, regardless of the reason for purchase.
30. There was a new intimate partner in the victim's life or the perpetrator perceived there to be a new intimate partner in the victim's life
31. The perpetrator has violated any family, civil, or criminal court orders, conditional releases, community supervision orders, or "No Contact" orders, etc. This includes bail, probation, or restraining orders, and bonds, etc.
32. As a(n) child/adolescent, the perpetrator was exposed to and/or witnessed any actual, attempted or threatened forms of suicidal behaviour in his family of origin. Or somebody close to the perpetrator (e.g., caregiver) attempted or committed suicide.
33. After a formal (e.g., performed by a forensic mental health professional before the court) or informal (e.g., performed by a victim services worker in a shelter) risk assessment was completed, the perpetrator still had access to the victim.
34. Victim and perpetrator were between the ages of 15 and 24.
35. The perpetrator continuously accuses the victim of infidelity, repeatedly interrogates the victim, searches for evidence, tests the victim's fidelity, and sometimes stalks the victim.
36. Hating or having a strong prejudice against women. This attitude can be overtly expressed with hate statements, or can be more subtle with beliefs that women are only good for domestic work or that all women are "whores."
37. Women in an intimate relationship with a partner who is significantly older or younger. The disparity is usually nine or more years.
38. The victim is one that knows the perpetrator best and can accurately gauge his level of risk. If the woman discloses to anyone her fear of the perpetrator harming herself or her children, for example statements such as, "I fear for my life", "I think he will hurt me", "I need to protect my children", this is a definite indication of serious risk.
39. Any actual, attempted, or threatened abuse/maltreatment (physical; emotional;psychological; financial; sexual; etc.) towards children in the family. This incident did not have to necessarily result in charges or convictions and can be verified by any record (e.g., police reports; medical records) or witness (e.g., family; friends; neighbours; co-workers; counselors; medical personnel, etc).

Appendix E

DVDRC COMMITTEE RECOMMENDATIONS

Was the homicide (suicide) preventable in retrospect? (Yes, no)

If yes, what would have prevented this tragedy?

_____
_____
_____
_____
_____
_____
_____
_____

What issues are raised by this tragedy that should be outlined in the DVDRC annual report?

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Future Research Issues/Questions:_____

_____
_____
_____
_____
_____
_____

Additional comments: _____

_____
_____

Curriculum Vitae

Name: Sakthi Kalaichandran

Post-secondary Education & Degrees:

Western University
London, Ontario, Canada
M.A. Counselling Psychology
2016-2018

Brock University
St. Catharines, Ontario, Canada
B.A. (Honours Specialization) Psychology
First Class Distinction, Dean's Honour List 2011-2014
2011-2014

Western University
London, Ontario, Canada
B.A. (Honours Specialization) International Relations
Dean's Honour List 2009-2010
2006-2010

Honours & Awards:

Scotiabank Graduate Award for Studies in Violence Against Women & Children Award
Western University
2018

Graduate Student Internal Conference Grant
Faculty of Education
Western University
2018

Entrance Scholarship
Western University
2016-2018

CCPA/Marsh Student Bursary Award
Canadian Counselling & Psychotherapy Association
2017

Conference Presentations:

(International):

ICAP/CPA 2018 (presentation accepted)
To be presented on June 26th, 2018
International Congress of Applied Psychology & the Canadian Psychological Association
(Montreal, Quebec)

Poster Presentation: Speaking for the Dead: Provincial Death Review Reveals that Domestic Homicide Rates Amongst Immigrant & Canadian Born Victims are Associated with Different Risk Factors, as Social Isolation Occurs More Frequently with Immigrant Victims of Domestic Violence

(National)

Canadian Domestic Violence Conference
March 23rd, 2018
Canadian Domestic Violence Conference 5
(Halifax, Nova Scotia)
Speaker, Conference Presentation: Domestic Violence Risk Assessment & Safety Planning: Comparing Immigrant & Canadian-born Victims of Violence

Canadian Domestic Homicide Prevention Conference
October 18th, 2017
CDHPI
(London, Ontario)
Poster Presentation: Lessons Learned from Domestic Homicide Death Reviews: A Profile of Immigrant & Refugee Victims of Violence & Informed Safety Planning Recommendations
(Co-Authored with Peter Jaffe, PhD)

CMHA Mental Health For All Conference
September 20th, 2017
Canadian Mental Health Association National Office
(Toronto, Ontario)
Poster Presentation: Risk Factors for Domestic Violence in Immigrant & Refugee Populations

History of Medicine Days Conference
March 12th, 2016
University of Calgary Cumming School of Medicine
(Calgary, Alberta)
Speaker, Conference Presentation: A Historical Analysis of Personality Theory & Major Depressive Disorder

Related Experience:

Research Assistant
Supervisor: Dr. Peter Jaffe,
Western University
2017-present

M.A. Counselling Psychology Intern
Student Development Centre
Western University, Psychological Services
2017-present